



APPLICATION TO RENT

422 Pershing Ave. Davenport, IA 52801
Phone: 563-388-6422 Fax: 563-388-2044
www.apartmentsqca.com

Please bring your current photo ID, SSC, 2 most recent paystubs and proof of any other income.

**All Occupants over age 18 must fill out their own application
Renter's Insurance is Required**

Personal Information:

_____	_____	_____	_____	_____
Last Name	First Name	MI	Daytime Phone	Evening Phone
_____		_____		_____
Driver's License Number and State		Have you ever used a different name		Number of Pets and Type

Email Address				

How did you hear about us?

List all Proposed Occupants:

_____	_____	_____
Full Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Residence:

Current: _____

_____	_____	_____	_____	_____	_____
Street Address	Apt. #	City	State	Zip	
_____ to _____	\$ _____	_____			
MO/YR	MO/YR	Monthly rent	Reason For Leaving		

Prior: _____

_____	_____	_____	_____	_____	_____
Street Address	Apt. #	City	State	Zip	
from _____ to _____	\$ _____	_____			
MO/YR	MO/YR	Monthly rent	Reason For Leaving		

Landlord/Mortgage Co.: _____

_____	_____
Name	Phone

Employment or Source of Income:

Current: _____

_____	_____	_____	
Company Name	Phone		
from _____ to _____	\$ _____	_____	
MO/YR	MO/YR	Monthly Salary	Supervisor name
		Your position with company	

Prior: _____

_____	_____	_____	
Company Name	Phone		
_____	_____	_____	_____
Street Address	City	State	Zip
from _____ to _____	\$ _____	_____	
MO/YR	MO/YR	Monthly Salary	Supervisor name
		Your position with company	

Banking:

Checking: _____

_____	_____
Bank Name	Phone Number

Savings: _____

_____	_____
Bank Name	Phone Number

Family Reference In Case Of Emergency:

_____	_____
Full Name	Phone Number
_____	_____
Street Address	Relationship
_____	_____
City	State
_____	_____
Zip	

Non-Family Reference:

Full Name _____ Phone Number _____ Relationship _____

List All Vehicles To Be Parked On Premises:

Make	Model	Year	License Plate Number and State

Credit and Criminal Information:

Have you ever been convicted of a crime? Y or N

If Yes, please explain _____

Have you ever been delinquent in paying rent or any other financial obligation? Y or N

If Yes, please explain _____

Have you ever been a defendant in an unlawful detainer (eviction) proceeding? Y or N

If Yes, please explain _____

I, Applicant, represent that all of the above statements are true and correct and hereby authorize verification of the above items including but not limited to the obtaining of a consumer credit report and Criminal Background Search. I agree to furnish additional credit references on request. Any false statements made above shall be sufficient cause for McDonnell & Associates, Inc., Landlord, to cancel and terminate any agreement made with Applicant. I understand that my information will be shared with State Farm Fire and Casualty Company for the purposes of obtaining a renter's insurance quote.

Signature _____ Date _____

Applicant STOP here go to next page

**RENTAL VERIFICATION
TO BE FILLED OUT BY LANDLORD/MANAGER
PLEASE FILL OUT COMPLETELY
DO NOT LEAVE ANY LINES BLANK**

- How long has resident resided at property? _____
- How much is the resident's monthly rent? _____
- Does the resident pay on time? _____
- How many times has the resident been late? _____
- Does the resident owe any rent right now? _____ If yes, how much? _____
- Have you ever filed for eviction? _____
- Was proper notice given to vacate? _____
- Who is listed on the rental agreement? _____
- Where any complaints received against the unit? _____
- Would you rent to the tenant again? _____
- Were any pest control problems reported? _____ If yes, what kind? _____
- Landlord/Manager Signature _____

_____ Date _____

DAVENPORT POLICE DEPARTMENT LANDLORD BACKGROUND CHECK

Name: _____
Last First Middle Initial

Social Security #: _____ - _____ - _____ D.O.B. _____ / _____ / _____

Phone: _____ Alternate Phone: _____

Current Address: _____
Street # City State Zip code

Rent: [] Own: [] Living with Family Member: []

If Renting, Name of Current Landlord: _____ Phone: _____

List all aliases: _____

List any co-applicants: _____

List any children who will be living in the household.

Child 1: _____ Child 2: _____ Child 3: _____
D.O.B.: _____ D.O.B.: _____ D.O.B.: _____

Child 4: _____ Child 5: _____ Child 6: _____
D.O.B.: _____ D.O.B.: _____ D.O.B.: _____

Current Employer: _____
Address: _____ Phone: _____

Please list any additional information you feel is relevant: _____

I authorize the release and verification of all information needed to complete a full background report including criminal and consumer credit report.

Applicant (Print Name) _____ Date _____

Applicant (Signature) _____ Date _____

NOTE: * All fields must be completed in full or request will not be processed. *****

This information is being provided at the request of Landlord and Landlord agrees that the decision to rent is the Landlord's SOLE decision. The city of Davenport is not an agent of Landlord nor does it guarantee or warrant the character or suitability of a tenant. The city is simply providing the information requested.

Matt McDonnell
Property Agent Date

McDonnell & Associates
Name of Property

Property Address

563-388-6422 563-388-2044
Phone# Fax#

Please return to the Crime Prevention Unit, Davenport Police Department Fax# 563-888-2081



321 E. 7th St.

Davenport, IA 52803

Phone: 877-388-6422 Fax: 563-388-2044

Applicant complete ONLY highlighted areas

EMPLOYMENT VERIFICATION

PLEASE FILL OUT COMPLETELY
DO NOT LEAVE ANY LINES BLANK

Applicant Name _____

- **How long has the employee been employed?**

- **How much money is earned?**

(Please indicate hourly wage or salaried, how many hours worked, and # of pay periods in the year.)

- **Human Resources/Supervisor**

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Print Name

Signature

Date