



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 & Landlord Name and Phone Number		

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	Your position with company Supervisor name

Prior: _____

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

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 Property Management, 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 Property Management _____

Name of Property

422 Pershing Ave. Davenport, IA 52801 _____

Property Address

563-388-6422 _____ mcdonnell.leasing@gmail.com _____

Phone#

E-mail Address

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



422 Pershing Ave.
Davenport, IA 52801
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





Utilities

All tenants are required to have all tenant paid utilities switched into their name before you can sign your lease or move-in.

MidAmerican – 888-427-5632

Iowa American Water – 866-641-2108

City of Davenport – 563-326-7707

City of Rock Island – 309-732-2000

City of Moline – 309-524-2070

Rental Insurance

It is highly recommended to also carry rental insurance. Please talk to your agent about all of your options. You may want to carry additional coverage including sump pump/sewer back up and/or Flood.