

JRB RENTALS, LLC

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EACH ADULT MUST FULLY COMPLETE AN APPLICATION & MUST READ OUR RULES. WE WILL COLLECT AS MANY APPLICATIONS AS POSSIBLE. WE CHECK REFERENCES FOR ALL APPLICANTS. WE DO NOT RENT TO ANYONE WHO'S REFERENCES WE CAN'T CONTACT. WE DO NOT ALLOW ANYONE TO MOVE IN IMMEDIATELY. WE REQUIRE ONE PERSONAL NON-RELATIVE REFERENCE WHO HAS KNOWN YOU FOR 3 YEARS. WE DO NOT JUST RENT TO THE 1ST APPLICANT; WE RENT TO THE BEST APPLICANT. WE MAKE DECISIONS BASED ON PERSONAL HISTORY, NOT PERSONAL APPEARANCE. WE REQUIRE PHOTO ID. WE MAY REQUIRE A CO-SIGNER.

NAME: _____ NAME: _____ ARE YOU 18 YEARS OF AGE? YES NO
SS#: _____ DRIVER'S LICENSE #: _____ EXP. DATE: _____ STATE: _____
ADDRESS OF UNIT APPLIED FOR: _____ CO-TENANT(S): _____
RENT: \$ _____ DEPOSIT: \$ _____ PHONE #: _____ WORK PHONE: _____

FIRST NAME, LAST NAME AND MIDDLE INITIAL AND RELATIONSHIPS OF EVERYONE WHO WILL OCCUPY DWELLING AND AGES OF MINORS:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

HAVE YOU GIVEN YOUR PRESENT LANDLORD WRITING 30-DAY NOTICE? YES NO BE PREPARED TO PROVIDE US WITH A COPY OF THE NOTICE

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRESENT LANDLORD: _____ PHONE: _____ RENT: \$ _____

DATES OF OCCUPANCY: _____ - _____ REASON FOR MOVING: _____

WE REQUIRE ALL OF YOUR ADDRESSES, LANDLORDS, AND EMPLOYERS FOR PAST 3 YEARS. USE THE BACK OF THE FORM IF NEEDED.

PRESENT OCCUPATION: _____ EMPLOYER & ADDRESS: _____ PHONE: _____

EMPLOYMENT DATES: _____ - _____ SHIFT: DAY NIGHT SUPERVISOR'S NAME: _____

ARE YOU SUBJECT TO TRANSFER: _____

INCOME SOURCE #1: _____ MONTHLY: \$ _____ HOW LONG: _____

INCOME SOURCE #2: _____ MONTHLY: \$ _____ HOW LONG: _____

BANK AND ADDRESS: _____ CHECKING ACCOUNT #: _____ SAVINGS ACCOUNT #: _____

HAVE YOU EVER BEEN LATE ON RENT PAYMENTS? YES NO HAVE YOU EVER BEEN EVICTED? YES NO

IF YES TO EITHER, EXPLAIN: _____

HAVE YOU BEEN OR ARE YOU PRESENTLY AN ILLEGAL ABUSER OR ADDICT OF ANY CONTROLLED SUBSTANCE? YES NO

HAVE YOU EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE, POSSESSION, OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? YES NO

ARE YOU ABLE TO MEET THE REQUIREMENTS OF TENANCY? YES NO IF NOT, DO YOU HAVE SOMEONE WHO CAN HELP YOU? YES NO

DO YOU HAVE OR EXPECT TO HAVE ANY PETS? YES NO IF YES, WHAT? _____ CAN YOU OBTAIN A CO-SIGNER? YES NO

WHICH OF THE FOLLOWING EQUIPMENT DO YOU OWN? VACUUM CLEANER LAWN MOWER SNOW SHOVEL SPONGE MOP

CAN YOU READ? _____ DID YOU COMPLETE THIS APPLICATION YOURSELF? _____ IF NOT, WHO DID? _____

MAKE/MODEL/YEAR VEHICLE #1: _____ MAKE/MODEL/YEAR VEHICLE #2: _____

LOCAL NON-RELATIVE WHO HAS KNOWN YOU AT LEAST 3 YEARS:

NAME: _____ ADDRESS: _____ PHONE #: _____

NAME OF NEAREST LIVING RELATIVE:

NAME: _____ ADDRESS: _____ PHONE #: _____

NAME OF PERSON TO CONTACT IN EMERGENCY:

NAME: _____ ADDRESS: _____ PHONE #: _____

I AUTHORIZE INFORMATION TO BE CHECKED FOR VERIFICATION. IF ANY OF THE ABOVE ANSWERS ARE FOUND TO BE INCORRECT, ANY RENTAL AGREEMENT BECOMES VOID AND WILL BE SUFFICIENT REASON FOR EVICTION AND LOSS OF SECURITY DEPOSIT. I ALSO AUTHORIZE VERIFICATION OF EMPLOYMENT, BANK ACCOUNTS, CREDIT HISTORY, AND RENTAL HISTORY. I DECLARE THAT MY RENTAL HISTORY AND CREDIT RECORDS ARE IN GOOD STANDING AND UNDERSTAND THAT IF I AM ACCEPTED AND FAIL TO COMPLETE THIS TRANSACTION BY PROMPTLY SIGNING THE LEASE, ANY DEPOSIT WILL BE FORFEITED.

APPLICANT'S SIGNATURE _____ DATE _____

