

“GOOD MANAGEMENT, QUALITY LIVING”

RENTAL APPLICATION
APARTMENTS BY ELLINGSON
740 18th Street
Des Moines, IA 50314
Phone (515) 244-0226 Fax (515) 244-8493

DWELLING UNIT INFORMATION:

Date Applied For: _____ Unit Being Applied For: _____
Monthly Rent: _____ Deposit Required: _____ Possession Date: _____

PERSONAL INFORMATION:

Tenant's Complete Name: _____ Social Security #: _____
Phone (Home): _____ (Work): _____ Birth Date: _____
Present Address: _____

Names of Others in Tenant's Household, Ages and Social Security Numbers:

(1) _____
(2) _____
(3) _____

Vehicle(s) 1) Make/Model: _____ Plate # : _____
2) Make/Model: _____ Plate # : _____

RENTAL REFERENCES:

Current Landlord: _____ Phone #: _____
Landlord's Address _____ Current Rental Expenses: _____
Dates of Tenancy: _____ to _____
Previous Landlord: _____ Phone #: _____
Landlord's Address: _____ Rental Expenses: _____
Dates of Tenancy: _____ to _____

EMPLOYMENT INFORMATION:

Employer: _____ How Long: _____
Employer's Phone: _____ Employer's Address: _____
Your Position: _____ Supervisor: _____ Income Amount: _____

IN CASE OF EMERGENCY:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Have you ever been evicted from tenancy? _____
Have you ever been arrested/convicted of a crime? _____
What is your reason for moving? _____
Do you understand rent is due on or before the first of each month? _____

The undersigned certifies that the above information is true and correct to the best of my knowledge. I understand that this application may be checked for accuracy, that my references and employer may be contacted, and that my income amounts may be verified.

SIGNATURE _____ **DATE** _____