



APPLICATION FOR TENANCY
 LOCATORS LTD
 2613 University, Suite. 1
 Dubuque, IA 52001

| | |
|------------------------|----------|
| Office Use Only | |
| Tenant | Landlord |
| Snow Removal: _____ | _____ |
| Lawn Care: _____ | _____ |

The following information must be provided by the applicant & submitted with the required security deposit. Your deposit will be refunded if your application is not approved by the owner/manager. Processing of applications varies. However, Locators LTD strives to process all applications within 48 to 72 hours. Our policy is to hold property & check references for the first one who gives the required security deposit. ***All Locators LTD properties are SMOKE FREE ***

NAME: _____ DOB: _____ SS#: _____
 ADDRESS _____
 APPLIED FOR: _____ MOVE-IN DATE _____ RENT _____ DEPOSIT _____
 HOME#: _____ CELL#: _____ WORK #: _____ EMAIL: _____
 DRIVERS LICENSE #: _____ STATE ISSUED: _____

FULL NAME & RELATIONSHIPS OF EVERYONE WHO WILL OCCUPY DWELLING & AGES OF MINORS

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

Have you given your landlord written 30 day notice? _____ Yes _____ No
 CURRENT CURRENT
 ADDRESS: _____ LANDLORD: _____ PHONE: _____
 Street, City, State & Zip

DATE REASON
 OF OCCUPANCY: _____ RENT: \$ _____ FOR MOVING: _____
 PREVIOUS PREVIOUS
 ADDRESS: _____ LANDLORD: _____ PHONE: _____
 Street, City, State & Zip

DATE REASON
 Of OCCUPANCY: _____ RENT: \$ _____ FOR MOVING: _____
 HAVE YOU EVER BEEN LATE IN RENT PAYMENTS? _____ YES _____ NO HAVE YOU EVER BEEN EVICTED? _____ YES _____ NO
(IF YES TO EITHER, EXPLAIN ON BACK.)

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

PRESENT EMPLOYER
 OCCUPATION: _____ & ADDRESS: _____ PHONE: _____
 HOW LONG
 W/EMPLOYER: _____ SHIFT _____ DAY _____ NIGHT SUPERVISOR: _____
 INCOME INCOME
 SOURCE #1: _____ MONTHLY: _____ SOURCE #2: _____ MONTHLY: _____

BANK/CREDIT
 UNION & ADDRESS: _____ CHECKING/SAVINGS ACCOUNT#: _____

HAVE YOU BEEN OR ARE YOU PRESENTLY AN ILLEGAL ABUSER OR ADDICT OF ANY CONTROLLED SUBSTANCE? _____
 HAVE YOU EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE, POSSESSION OR DISTRIBUTION OF ANY CONTROLLED SUBSTANCE
 YES _____ NO _____

DO YOU HAVE OR EXPECT TO HAVE ANY PETS? _____ YES _____ NO - IF YES, WHAT _____
 ANY WATERBEDS? _____ YES _____ NO
 NO OF MAKE LICENSE MAKE LICENSE
 CARS _____ 1 _____ NUMBER _____ 2 _____ NUMBER _____

PERSONAL REFERENCE: _____ ADDRESS _____ PHONE#: _____

PERSONAL REFERENCE: _____ ADDRESS _____ PHONE#: _____

NAME OF NEAREST
 LIVING RELATIVE: _____ ADDRESS _____ PHONE#: _____

EMERGENCY CONTACT: _____ ADDRESS _____ PHONE#: _____

*** If approved for rental, RENTERS INSURANCE is REQUIRED in the amount of \$500,000**

- I authorize any information to be checked for verification. If any of my answers are found to be incorrect, any Rental Agreement becomes void & will be sufficient reason for eviction & loss of Security Deposit.
- I also authorize verification of employment, bank accounts, credit history, criminal records & rental history & to obtain thru any agency available to Locators LTD.
- I declare that my rental history and credit records are in good standing.
- I understand that if I am accepted & fail to complete this transaction by signing a lease, any deposit will be forfeited and I may be responsible for property rental obligations until the dwelling is re-leased.** _____ INITIAL
- A non-refundable application fee of \$25.00 will be charge to all applicants.** _____ INITIAL

APPLICANTS SIGNATURE: _____ DATE: _____



