



K & J Cooper Properties

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Ames, IA 50010

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Property Management Use Only:

DE

RA

E

RH

CS

PA

A

R

Application to Rent

(Confidential: for use by management only)

Please complete a separate application for each adult applicant.

I apply to rent apartment number _____ located at _____ Ames, IA at

a monthly rate of \$_____. I understand my application will not be processed until RENTAL AGREEMENT and RENTAL DEPOSIT are submitted. If my application is accepted, I understand that all rents are due on the first day of the month. If my application is approved, I agree not to sublet the unit or add any additional occupants without prior written approval from the management.

PERSONAL INFORMATION

PLEASE COMPLETE ALL SECTIONS

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NUMBER		EXPIRATION		STATE
PHONE NUMBER		EMAIL ADDRESS			ALTERNATE PHONE NUMBER	
CURRENT ADDRESS			CITY		STATE ZIP	
OWNER/LANDLORD'S NAME			PHONE NUMBER		MONTHLY RENT	
REASON FOR LEAVING				CURRENT LEASE END DATE		
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)			CITY		STATE ZIP	

Have you ever been evicted or asked to move? No Yes Explain: _____

Have you ever broken a rental agreement? No Yes Explain: _____

Are you a registered sex offender? No Yes Explain: _____

Have you ever been convicted of a crime? No Yes Explain: _____

Do you currently smoke? No Yes

Are you currently a student? No Yes

Degree/Program: _____ Expected Graduation Date: _____

Can you provide a Co-guarantor, if necessary? No Yes (PLEASE LIST CO-GUARANTOR AS A PERSONAL REFERENCE)

ROOMMATE INFORMATION

PLEASE INCLUDE ALL ADULTS WHO WILL ALSO BE APPLYING. DO NOT INCLUDE MINOR CHILDREN HERE.

ROOMMATE NAME	RELATIONSHIP TO YOU
ROOMMATE NAME	RELATIONSHIP TO YOU
ROOMMATE NAME	RELATIONSHIP TO YOU

MINOR CHILDREN

PLEASE INCLUDE ALL MINOR CHILDREN WHO WILL BE LIVING WITH YOU AT LEAST PART OF THE TIME.

NAME	RELATIONSHIP TO YOU	AGE
NAME	RELATIONSHIP TO YOU	AGE
NAME	RELATIONSHIP TO YOU	AGE

RENTAL HISTORY

DO NOT RE-LIST CURRENT ADDRESS. LIST NEXT MOST RECENT FIRST.

PREVIOUS ADDRESS A	CITY	STATE	ZIP
OWNER'S NAME	OWNER'S PHONE NUMBER		
DATE MOVED IN	DATE MOVED OUT	MONTHLY RENT	
REASON FOR LEAVING			

PREVIOUS ADDRESS B	CITY	STATE	ZIP
OWNER'S NAME	OWNER'S PHONE NUMBER		
DATE MOVED IN	DATE MOVED OUT	MONTHLY RENT	
REASON FOR LEAVING			

EMPLOYMENT

LIST PRIMARY EMPLOYMENT FIRST

JOB TITLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	START DATE
EMPLOYER	CITY	STATE ZIP
SUPERVISOR	PHONE NUMBER	
MONTHLY INCOME	WAGE PER HOUR	

ADDITIONAL EMPLOYMENT

JOB TITLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	START DATE
EMPLOYER	CITY	STATE ZIP
SUPERVISOR	PHONE NUMBER	
MONTHLY INCOME	WAGE PER HOUR	

ADDITIONAL INCOME

PLEASE LIST ANY OTHER SOURCES OF INCOME, SUCH AS PARENTAL SUPPORT, TRUSTS, FEDERAL/STATE FINANCIAL AID, WORKSTUDY, FELLOWSHIPS, ETC. PLEASE ATTACH VERIFICATION FOR ADDITIONAL INCOME. INTERNATIONAL STUDENTS, PLEASE ATTACH COPIES OF YOUR I20 FORM AND PASSPORT.

ADDITIONAL INCOME SOURCE			
EMPLOYER	CITY	STATE	ZIP
AMOUNT	FREQUENCY	PHONE NUMBER	
OTHER INFORMATION			

PERSONAL REFERENCES

REFERENCE A: A PARENT IF AVAILABLE; CO-GUARANTOR IF NECESSARY

NAME		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP
RELATIONSHIP TO YOU	CO-GUARANTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS OF ACQUAINTANCE	OCCUPATION

REFERENCE B: OTHER PARENT; PASTOR, PROFESSOR, ADVISOR, OR OF SIMILAR RELATIONSHIP

NAME		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP
RELATIONSHIP TO YOU	CO-GUARANTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS OF ACQUAINTANCE	OCCUPATION

REFERENCE C: A FRIEND OR FAMILY MEMBER NOT LIVING WITH YOU

NAME		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP
RELATIONSHIP TO YOU	CO-GUARANTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS OF ACQUAINTANCE	OCCUPATION

EMERGENCY CONTACT

NEAREST RELATIVE NOT LIVING WITH YOU

NAME		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP
RELATIONSHIP TO YOU	OCCUPATION		

PETS

ALL PETS REQUIRE APPROVAL. RENTER'S INSURANCE WITH ANIMAL COVERAGE IS REQUIRED.

NAME	SPECIES (DOG, CAT, ETC)	BREED
AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	WEIGHT
SPAYED/NEUTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	I AM WILLING TO SIGN A PET AGREEMENT, PAY AN ADDITIONAL PET DEPOSIT, IF NECESSARY, AND PROVIDE PROOF OF ADEQUATE INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	

VEHICLE INFORMATION

EACH TENANT IS LIMITED TO ONE VEHICLE. ADDITIONAL VEHICLES REQUIRE WRITTEN APPROVAL FROM THE MANAGEMENT.

VEHICLE MAKE	MODEL	YEAR
LICENSE PLATE NUMBER	COLOR	EXPIRES
INSURED BY		

ADDITONAL INFORMATION

Where did you see or hear about K & J Cooper Properties? (Please mark all that apply)

ISU Daily Ames Tribune ISU Daily Website Ames Tribune Website
 Housing Fair Property Sign/Display Internet Search Engine Ames Electronic Village
 Current/Previous Tenant Other: _____

What made you decide to apply to rent this apartment?

Price Location Special Offer Leasing Options Pet Allowed Apartment
 Other: _____

APPLICANT SIGNATURE

Applicant attests that all information contained herein is true and accurate and authorizes the verification of the above statements and information including, but not limited to, credit check, resident history, and employment confirmation.

If accepted, the security and damage deposit will be credited on account. However, false or misrepresented information is grounds for termination of right of occupancy and/or forfeiture of deposits and rents. If application is approved, but Applicant chooses not to rent the aforementioned unit, the deposit will be retained by the management to cover re-rental costs. Applicant further agrees to provide any additional information pertaining to the application process as requested by K & J Cooper Properties.

APPLICANT SIGNATURE _____
DATE