

## Residential Rental Application Rippling Waters

## 227 E Main Street; PO Box 634

Ottumwa IA, 52501

Applicant Information									
Name:									
Date of birth:		SSN:			Phone:				
Current address:									
City:			State:			ZIP Code:			
Own Rent (Please circle) Monthly p			or rent:		How long?				
Owner/Manager contact:	Reason for leaving:				Notice given:	Yes	No		
Previous address:									
City:	State: ZI			ZIP Code:					
Owned Rented (Please circle)	Monthly payment or rent:					How long?			
Owner/Manager contact: Rea			Reason for leaving:			Notice given:	Yes	No	
<b>Employment Information</b>									
Current employer:									
Employer address:						How long?			
Phone:	E-mail:				Fax:				
City:	State:				ZIP Code:				
Position:	Hourly	Salary	(Please circle)	Ar	nnual income:				
Credit Information									
Bank Name:	balance:	balance: Saving							
Bank Name:	balance: Savings			ngs balance:					
Emergency Contact									
Name of a person not residing with yo	u:								
Address:									
City:	State:			ZIP Co	ode:	Phone:			
Relationship:	elationship:								
Co-applicant Information (If	Applicat	ole)							
Name:									
Date of birth:		SSN:		Phone:	Phone:				
Current address:									
City:	State:				ZIP Code:				
Own Rent (Please circle)	Monthly p	nly payment or rent:				How long?			
Owner/Manager contact:		Reason	for leaving:			Notice given:	Yes	No	
Previous address:					_				
City:			State:			Code:			
Owned Rented (Please circle)		Monthly payment or rent:				How long?			
Owner/Manager contact:			Reason for leaving:			Notice given:	Yes	No	
Co-applicant Employment In	nformatio	on (If Ap	oplicable)						
Current employer:									
mployer address:					_	How long?			
Phone:	E-mail: Fax:								
City:	State: ZIP Cod				ZIP Code:	): 			
Position:	Hourly	Salary	(Please circle)	Ar	nnual income:	<del></del>			

Co-Applicant Credit Information (If Applicable)										
Bank Name:		Checking balance:				Savings balance:				
Bank Name: C		Checkin	Checking balance:			Savings balance:				
Vehicles										
Make:	Model:		Color:		Year:		License plate:			
Make:	Model:		Color:		Year:		License plate:			
Make:	Model:		Color:		Year:		License plate:			
General Information										
Have you ever been served a late rent notice?				Have you ever been served an eviction notice?						
Anticipated Move-In Date?				How long do you plan to rent from us?						
Are any potential tenants smokers?				Do you have pets? (type, breed, age)			e)			
Why are you moving from your current address?										
References										
Name:			Address:				Phone:			
Name:			Address:				Phone:			
Name: Addres			ress:			Phone:				
Agreement & Authorization Signature										
I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope										
Signature of applicant:							Date:			
Signature of co-applicant:						Date:				