



WWW.UNIVERSITY-WEST.COM

UNIVERSITY WEST APARTMENTS

1400 Coconino Rd #111
Ames, IA 50014
Phone 515-292-9790
Fax 515-292-3343

LEASING@UNIVERSITY-WEST.COM

RENTAL APPLICATION
FOR OFFICE USE ONLY
DATE
PROPERTY
LEASING REP:
MAIL VERIFICATION LETTER & LEASE COPY TO THIS APPLICANT

TRANSFER APPLICANT (Current UW resident moving to a different UW Unit) - Please complete the top 3 sections only (indicated w/ "**") and sign the back. No additional application fee will be withheld for transfer residents.

Please complete all requested information on the front and back of this form and submit to our office, along with the security deposit and \$40 application fee (per applicant). Thank you for your interest in our apartments.

* Date of Application ___/___/___ * Desired Date of Occupancy: Aug Other: ___ Floor plan Pref: #BR: ___ #BA ___
* PERSONAL INFORMATION (Important Contact Information - please complete all fields)
APPLICANT'S FULL NAME Phone ()
Social Security No. E-mail Address Date of Birth
Driver's License #: State: ___ Roommates:
Vehicle Information: Make YR Model Color Plate State

* RESIDENCE HISTORY (transfers complete current address info only)
CURRENT ADDRESS Apt#, City: State: Zip:
Month & Year Moved In Moving Out Reason for Leaving
Landlord Landlord Phone ()
PREVIOUS ADDRESS
Month & Year Moved In Moved Out Reason for Leaving
Landlord Landlord Phone ()

EMPLOYMENT INFORMATION
STATUS: Full-Time Part-Time Student Retired Not Employed
CURRENT EMPLOYER (Or Most Recent) Address
Position Approximate Monthly Income
Supervisor Telephone Number ()
IF STUDENT, LIST SCHOOL
Present Grade Level Source of Rent

ADDITIONAL INFORMATION
Where did you first see or hear about University West Apartments?
If you visited our website (www.university-west.com), how were you initially directed to it?
What is most important reason why you chose this apartment?

BANK REFERENCE		
BANK NAME _____	CITY-STATE _____	Phone () _____
Checking Acct. No. _____	Savings Acct. No. _____	
BANK NAME _____	CITY-STATE _____	Phone () _____
Checking Acct. No. _____	Savings Acct. No. _____	

OTHER INFORMATION		
IN CASE OF EMERGENCY, NOTIFY: _____		Relationship _____
Address _____	City _____	State _____ Zip _____
Home Phone () _____		Work Phone () _____
<p>In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas.</p>		

I hereby deposit \$ _____ as earnest money to be refunded if this application is not accepted. Deposit checks will be cashed immediately upon receipt. I understand that in the event no verifiable rental history is available or insufficient, I may be required to increase my deposit to an amount equal of two months rent. Once approved, I agree to execute a lease before possession is given. If a lease is NOT signed, the deposit will be withheld as damages. Upon signing of the lease, the deposit shall be retained as the security deposit. A \$40 application fee must be paid separately for new residents.

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement. I further authorize Management or their authorized agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

APPLICANT'S SIGNATURE _____ **DATE** _____

RENTAL REFERENCE VERIFICATION			
PRESENT LANDLORD			
1. Returned Checks or Late Payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many _____
2. Fines or Complaints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Would they Re-rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments _____			
PREVIOUS LANDLORD			
1. Returned Checks or Late Payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many _____
2. Fines or Complaints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Would they Re-rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments _____			

THIS APPLICATION – APPROVED _____ DENIED _____	
BY _____	DATE _____
If not approved, specify reason(s) _____	
Applicant Notified by (Name) _____	Date Notified _____
Notified by:	<input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Letter <input type="checkbox"/> Fax