

SUMMER RIDGE APARTMENTS

322 West 65th Street#1 Davenport, Iowa 52806

Office PHONE: (563) 391-6922

Fax: (563) 391-6992 Email: leasing.summerridge@gmail.com

Desired Move in Date _____ Apartment Size Needed _____

All Occupants 18 and over must complete an application form and Background Check and sign the rental agreement. All persons 18 and over must provide a photo ID and Proof of Income

APPLICANT: Fill out all and print legibly.

Full Name _____ Date of Birth _____
First Middle Last

Social Security # _____ - _____ - _____ Drivers License # & State _____

Current Phone # (____) _____ Cell Phone # (____) _____

SPOUSE OR ROOMMATE:

Full Name _____ Date of Birth _____
First Middle Last

Social Security # _____ - _____ - _____ Drivers License # & State _____

Current Phone # (____) _____ Cell Phone # (____) _____

OTHER OCCUPANTS UNDER 18 WHO WILL BE LIVING WITH YOU AT THE APARTMENT:

Full Name _____ Date of Birth _____ Relationship _____

Full Name _____ Date of Birth _____ Relationship _____

Full Name _____ Date of Birth _____ Relationship _____

PROVIDE 3 LIVING RELATIVES NOT LIVING WITH YOU: i.e. MOTHER, FATHER, AUNT, UNCLE, GRANDPARENT

Name _____ Address _____ CITY _____ Phone _____

Name _____ Address _____ CITY _____ Phone _____

Name _____ Address _____ CITY _____ Phone _____

Email Address _____ some residence wish to correspond by email.

PLEASE PROVIDE 2 YEARS OF RESIDENCY INFORMATION!

Must fill out current and previous and provide all information within.

CURRENT ADDRESS _____

Landlords Name _____ Landlords # _____

Payment _____ Renting (____) Own (____)

How Long at Address _____ Have you given notice to move _____

PREVIOUS ADDRESS _____

Landlords Name _____ Landlord # _____

Payment _____ Renting (____) Own (____)

How Long at Address _____

EMPLOYMENT INFORMATION

Your Status Full Time Part Time Student Retired Not Employed

CURRENT EMPLOYER

Address _____ Phone # () _____
Dates Employed: From _____ to _____ Position _____
Supervisor _____ Hours/wk _____ Gross Monthly Salary _____

PREVIOUS EMPLOYER

Address _____ Phone # () _____
Dates Employed: From _____ to _____ Position _____
Supervisor _____ Hours/wk _____ Gross Monthly Salary _____

SPOUSE OR ROOMMATE:

CURRENT EMPLOYER

Address _____ Phone # () _____
Dates Employed: From _____ to _____ Position _____
Supervisor _____ Hours/wk _____ Gross Monthly Salary _____

PREVIOUS EMPLOYER

Address _____ Phone # () _____
Dates Employed: From _____ to _____ Position _____
Supervisor _____ Hours/wk _____ Gross Monthly Salary _____

Additional Information

Vehicle Information: Make & Model _____ Year _____ Color _____
License Plate / State _____

Have you ever been convicted of a **Felony or Misdemeanor** YES No

Have you ever been sued for non- payment of rent YES No

Broken a rental agreement or lease? YES no

Been evicted or asked to move-out? YES no

Do you own a pet? Yes No Dog or Cat (please circle one) Weight of pet _____
Breed _____

How did you hear about our PROPERTY? _____

In case of Emergency, please notify: _____ how related _____
Name, address, phone#) _____

The above information, to the best of my knowledge is true and correct. I am not renting an apartment under an assumed name. I have never been evicted nor am I being evicted. If a deposit is given to hold an apartment and the application is approved and I do not take said apartment I understand that said monies being held is non refundable. I understand that I have acquired no rights to an apartment until this application is approved by an agent of Summer Ridge Apartments and a lease is signed & accepted by parties & the security deposit & first months rent is paid in full. I also understand that falsifying any information on this application will be grounds for denial / eviction.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Please list any information you feel you need to disclose at the time of this application. _____

I authorize Summer Ridge to contact previous and current Landlord(s)

Verify employment with salary information and to obtain a full background report including a criminal and consumer credit report.

Applicant (Print Name) _____ Date _____

Applicant Signature _____ Date _____

STATEMENT OF RENTAL PROPERTY

This COMMUNITY WILL NOT DISCRIMINATE ANY PERSONS BASED ON RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, FAMILY STATUS, SEXUAL ORIENTATION OR DISABILITY.

OCCUPANCY STANDARDS; TWO (2) PERSON MAXIMUM OCCUPANCY PER BEDROOM.

Age requirements: Lease holder(s) must be 18 years of age. All occupants 18 years or older will be required to complete an application even if living with parent(s). A valid ID and CURRENT PHYSICAL ADDRESS must be provided.

Income Requirement: All applicants must have verifiable income based on current employment or other verifiable source(s) to equal a minimum of 3 times greater than the monthly rent obligation.

Criminal History: A criminal background check is conducted for each applicant and will be reviewed for such crimes that would adversely affect the quality of life at Summer Ridge Apartment Homes such as (but not limited to) crimes of violence, sex crimes, illegal drugs, theft, destruction of property or guns or any other weapons.

Falsification of Application: Any information supplied by the applicant(s) that is found to be false or misleading will be grounds for DENIAL.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

DAVENPORT POLICE DEPARTMENT LANDLORD BACKGROUND CHECK

Name: _____
LAST FIRST FULL MIDDLE NAME

Social Security # _____ - _____ - _____ D.O.B. ____/____/____

Phone: _____ Alternate Phone: _____

Current Address: _____
STREET # CITY STATE ZIP CODE
RENT () OWN () LIVING WITH FAMILY MEMBER ()

If renting, name of current Landlord: _____ Phone: _____

List all Aliases: _____

List any Co-Applicants: _____

List any children who will be living in the household:

CHILD 1: _____ CHILD 2: _____ CHILD 3: _____
D.O.B. _____ D.O.B. _____ D.O.B. _____

Current Employer: _____

Address: _____ Phone: _____
STREET # CITY STATE ZIP CODE

Please list any additional information you feel is relevant: _____

I AUTHORIZE THE RELEASE AND VERIFICATION OF ALL INFORMATION NEEDED TO COMPLETE A FULL BACKGROUND REPORT INCLUDING CRIMINAL AND CONSUMER CREDIT REPORT.

APPLICANT (PRINT NAME) DATE

APPLICANT (SIGNATURE) DATE

NOTE: *All fields must be completed in full or request will not be processed. *****

This information is being provided at the request of Landlord and Landlord agrees that the decision to rent is the Landlord's SOLE decision. The city of Davenport is not an agent of Landlord nor does it guarantee or warrant the character or suitability of a tenant. The city is simply providing information requested.

Karen Hartzell Office # 563-391-6922
Property Agent

Summer Ridge Apartment Homes
Name of Property

322 West 65th Street #1
Property Address

Send to Email : leasing.summerridge@gmail.com



322 W 65th St #1 Davenport, IA 52806 ** Phone (563) 391-6922 ** Fax (563) 391-6992

Date: _____

TO: Mid American Energy
716 17th Street
Moline IL 61265
Phone: 309.793.3627
Fax: 309.793.3771

From: Summer Ridge Apartments/Valley Hill Apartments
322 West 65th Street
Davenport IA 52806
Phone: 563.391.6922
Fax: 563.391.6992

Attn: Customer Service

INQUIRY INTO QUALIFICATION FOR SERVICE

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

This person has applied for housing with Summer Ridge Apartments/Valley Hill Apartments. The U.S. Department of Housing and Urban Development (HUD) requires the housing owner to verify all information that is used in determining this person's eligibility for residency.

We ask your cooperation in providing the following information and returning it to Summer Ridge Apartments/Valley Hill Apartments. Your prompt return of this information will help to assure timely processing of the application for residency. The applicant has consented to this release of information as shown below.

Please certify if there is any past due balance owed to MidAmerican Energy Company that would prevent the applicant from establishing an account for gas & electrical service at Summer Ridge Apartments/Valley Hill Apartments in the name of the applicant, as required by the terms of the lease.

RELEASE: I hereby authorize MidAmerican Energy Company to release to SUMMER RIDGE APARTMENTS/VALLEY HILL APARTMENTS the requested information.

Name

Date

MidAmerican Energy Company, please complete and return page 2 of this form.