

Apartments by Walters  
RENTAL APPLICATION  
EACH PERSON MUST FILL OUT AN APPLICATION

DESIRED MOVING DATE \_\_\_\_\_

HOW DID YOU LEARN ABOUT US -

Newspaper \_\_\_\_\_ Sign \_\_\_\_\_ Friend \_\_\_\_\_ Web \_\_\_\_\_ Other \_\_\_\_\_

FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PHONE NUMBERS: NUMBERS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(home) (work) (cell)  
SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

PEOPLE TO LIVE WITH YOU

1. \_\_\_\_\_  
full name relationship age

2. \_\_\_\_\_  
full name relationship age

DO YOU HAVE PETS? \_\_\_\_\_ IF SO, DESCRIBE \_\_\_\_\_

DO YOU HAVE A WATER BED? \_\_\_\_\_ DO YOU SMOKE? \_\_\_\_\_

DO YOU HAVE RENTER'S INSURANCE? \_\_\_\_\_

RENTERS INSURANCE COMPANY? \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

NAME(S) ON LEASE \_\_\_\_\_

RENT \$ \_\_\_\_\_ / month FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ PHONE # \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

NAME(S) ON LEASE \_\_\_\_\_

RENT \$ \_\_\_\_\_ / month FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ PHONE # \_\_\_\_\_

PRESENT OCCUPATION \_\_\_\_\_

EMPLOYER AND LOCATION \_\_\_\_\_ PHONE # \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

DATES WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_

PREVIOUS OCCUPATION \_\_\_\_\_

EMPLOYER AND LOCATION \_\_\_\_\_ PHONE # \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

DATES WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_

CURRENT GROSS INCOME PER MONTH (before deductions) \$ \_\_\_\_\_

OTHER SOURCES OF INCOME \$ \_\_\_\_\_ per \_\_\_\_\_ OR ASSISTANCE \$ \_\_\_\_\_

per \_\_\_\_\_

ARE YOU A STUDENT? \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

LIST SOURCES OF ASSISTANCE

AMOUNT YOU RECEIVE \$ \_\_\_\_\_ AMOUNT OF CHILD SUPPORT/ALIMONY  
YOU PAY \$ \_\_\_\_\_ RECEIVE \$ \_\_\_\_\_  
CHECKING ACCOUNT BANK \_\_\_\_\_

name \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_  
SAVINGS ACCOUNT BANK \_\_\_\_\_

name \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_  
MAJOR CREDIT CARD \_\_\_\_\_ BALANCE OWED \_\_\_\_\_  
PAYMENT \_\_\_\_\_  
CREDIT REFERENCE \_\_\_\_\_

HAVE YOU EVER FILED FOR BANKRUPTCY? \_\_\_\_\_ HAVE YOU EVER BEEN  
EVICTED? \_\_\_\_\_  
TOTAL NUMBER OF VEHICLE(S) \_\_\_\_\_ \* NOTE: Only 2 vehicles per apartment  
allowed.

make	model	year	color	license plate #	state
make	model	year	color	license plate #	state

PERSONAL REFERENCE

name \_\_\_\_\_ phone # \_\_\_\_\_ address \_\_\_\_\_  
CONTACT IN EMERGENCY

name \_\_\_\_\_ phone # \_\_\_\_\_ address \_\_\_\_\_  
Have you been or are you presently an illegal user of a controlled substance? \_\_\_\_\_  
I declare that the above statements are true and correct, and I hereby authorize verification of  
given references and a credit check.

X \_\_\_\_\_  
signature \_\_\_\_\_ date \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATIONS TO:

Kirk Walters  
P.O. Box 137  
North Liberty, IA 52317  
Or fax to (319) 626-4542

Apartments for Rent Coralville Iowa  
Apartment rental Coralville IA, near rental apartments Iowa City, Iowa.

\*Note: If you have additional information, please use a separate sheet of paper and attach to  
this form.