

All reference information must be completed!

Reference:

Name: _____
Address _____ Phone _____

Reference:

Name: _____
Address _____ Phone _____

Reference:

Name: _____
Address _____ Phone _____

Bank reference:

Name: _____
Address _____ Phone _____

Applicant's relative:

Name _____ Relationship _____
Address _____ Phone _____

Do you have or expect to have pets? _____ If so, explain? _____

This apartment will serve as my/our primary residence: Yes _____ No _____

***Handicap Status**

Will you need an assessable unit? Yes _____ No _____
Mobility Impaired? _____ Wheelchair bound? _____ Hearing Impaired? _____
Vision Impaired? _____ Other? _____

*Completion of this Handicap Section is optional. Completing this section could result in a benefit to you. A \$400 deduction is available to handicap tenants. Complete this section if you feel you meet the qualifications.

I hereby state and represent that the information provided by me in this application is complete and accurate, and I acknowledge and agree that in the event I enter into a lease with the Landlord that the lease may be cancelled by the Landlord in the event any of this information provided by me in this application is materially inaccurate or incomplete. I understand that as a part of the procedure to processing my application, an investigative report may be made whereby information is obtained by contacting the third party(s) listed, sex offender registry, Iowa courts online, and the county sheriff. This will include information as to my character, general reputation, personal characteristics, mode of living, and criminal record. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Date

Applicant Signature

Date

Co-Applicant Signature (IF ANY)

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

HEAD OF HOUSEHOLD:

Gender: (check one) _____ Male _____ Female

Ethnicity: (check one)

___ Hispanic or Latino _____ Not Hispanic or Latino

Race: (check one):

___ American Indian/ Alaskan Native _____ Asian _____ White
___ Black or African American _____ Native Hawaiian or Other Pacific Islander

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status.”(Not all prohibited bases apply to all programs).

To file a complaint of discrimination write USDA, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call 800-795-3272(voice) or 202-720-6382(TDD).