

SENIOR HOUSING, INC.
P.O. BOX 456
MONTICELLO, IA 52310
Phone: (319) 465-6171

For Office Use Only:

Date: _____

Time: _____

RIVERSIDE APARTMENTS
APPLICATION FOR LEASE ON AN APARTMENT
And Permission to Investigate

I hereby apply for a one bedroom apartment. The following persons will occupy it:

Name of all occupants: Sex Date of Birth Social Security Number

Please include with this application, a photocopy of one of the following:

____ Drivers' License ____ most recent Social Security Benefit Letter

Are you legally married? _____

Will you need an accessible unit? Yes _____ No _____ Mobility Impaired? _____

Wheelchair bound? _____ Hearing Impaired? _____ Vision Impaired? _____ Other? _____

Present Address: _____

How long? _____ Home phone number: _____

Do you have an automobile? _____ If yes, please provide the license number: _____

Applicant's nearest relative:

Name: _____ Phone number: _____

Address: _____ Relationship: _____

Landlord Reference:

Landlord name: _____

Landlord address and phone number: _____

Bank Reference:

Bank name: _____

Bank address and phone number: _____

Credit Reference:

Name: _____ Phone Number: _____

Address: _____

Person to contact: _____

Credit Reference:

Name: _____ Phone Number: _____

Address: _____

Person to contact: _____

Credit Reference:

Name: _____ Phone Number: _____

Address: _____

Person to contact: _____

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 this lease may be cancelled by the Landlord in the event any of the information provided by me in this application is materially inaccurate, or incomplete. I understand that as a part of the procedure for processing my application, an investigative report may be made whereby information is obtained through personal interviews with third parties. This will include information as to my character, general reputation, personal characteristics, mode of living, and criminal report. I also understand that as part of the processing of my application, a home visit could be made by a representative of Senior Housing, Inc. , which I hereby authorize.

I hereby authorize the above-described investigative report.

Name: _____ Date: _____
Applicant Signature

Comments: