

**Forget Properties LLC,  
4214 Fleur Dr. Ste #13, Des Moines, Iowa 50321  
Application For Occupancy**

<b>Property Information</b>			
Name of Property	Rental Rate ,Unit Type (1br, 2br, 3br)	Desired Date of occupancy	
Leasing Agent	Number of Occupants	Co-Signer	Roommate/spouse

Failure to answer all questions completely, including where applicants and references may be reached Monday-Friday from 8:00am-5:00pm, will delay the processing of this application.

**Incomplete applications will not be processed!!!**

<b>APPLICANT INFORMATION:</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Co-signer for: <input type="checkbox"/>			
<b>NAME</b>	Last	First	Middle
SSN(social security number)			
Driver's License Number	State Issued	Date of Birth	Description of Pets
<b>SPOUSE NAME</b>	Last	First	Middle
SSN (social security number)			
Drivers License Number	State Issued	Date of Birth	Description of Pets

<b>RESIDENTIAL INFORMATION</b>						
<b>CURRENT</b>	Street Address and Apt#	City	State	Zip Code	County	Home Phone
Circle One:	Name of Landlord, Apartment or Mortgage Co.	Phone		How Long?	Rental Amount	
	Rent/Own/Family			From ___/___		
<b>PREVIOUS</b>	Street Address and Apt#	City	State	Zip Code	County	
Circle One	Name of Landlord/Apartment or Mortgage Co.	Phone		How Long?	Rental Amount	
	Rent/Own/Family			From ___/___		
<i>Have you ever willingly refused to pay rent? If so, why?</i>			<i>Have you ever been arrested or convicted of a crime?</i>			
			<i>If so, where and what were the charges?</i>			
<i>Have you ever been evicted from a residence? If so why?</i>			<i>Have you filed bankruptcy? If so, when?</i>			

<b>EMPLOYMENT INFORMATION (PLEASE SUBMIT 2 CURRENT CHECK STUBS WITH APPLICATION)</b>						
<b>APPLICANT</b>	Employer Name	Address	City	State	Zip Code	Phone
Position/Department	Supervisor's Name	Phone #	How Long?	Gross Monthly income		
			From ___/___ to ___/___			
Previous Employer	Supervisor's Name	Phone#	How Long?	Gross Monthly Income		
			From ___/___ to ___/___			
<b>SPOUSE</b>	Employer	Address	City	State	Zip Code	Phone
Position/Department	Supervisor's Name	Phone #	How Long?	Gross Monthly Income		
			From ___/___ to ___/___			
Previous Employer	Supervisor's Name	Phone #	How Long?	Gross Monthly Income		
			From ___/___ to ___/___			

\$35.00 Non-Refundable Application Fee (Money Order, or Exact Cash)  
\$15.00 Non-Refundable Application Fee for each additional adult applicant including co-signer

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<b>Applicant Information (Please enter again in case Page 1 and Page 2 get separated)</b>		
<b>NAME Last</b>	<b>First</b>	<b>Middle</b>
<b>SSN (social security number)</b>		

<b>Character References, Bank, Other Income, Emergency Contact and Vehicle Information</b>			
<b>CHARACTER REFERENCE</b>	<b>Name</b>	<b>Relationship</b>	<b>Phone#</b>
<b>How long known?</b>			
	<b>Name</b>	<b>Relationship</b>	<b>Phone#</b>
<b>How long known?</b>			
<b>BANK account#</b>	<b>Address</b>	<b>Phone#</b>	<b>Checking/Savings</b>
		<b>How long held?</b>	
<b>OTHER INCOME</b>	<b>Source</b>	<b>Gross Monthly Amount</b>	
<b>Duration of Income</b>			
<b>EMERGENCY CONTACT</b>			
	<b>Name</b>	_____	
	<b>Relationship</b>	<b>Phone#</b>	
How did you hear about this apartment? Check all that apply			
<input type="checkbox"/> Friend/Tenant <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Drove by <input type="checkbox"/> Publication _____ <input type="checkbox"/> Other _____			
<b>VEHICLE(S)</b>	<b>Make/Model</b>	<b>Color</b>	<b>License Plate #/State</b>

This application must be signed by all adults who will occupy the apartment before it can be considered by the landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited toward any deposit, which may be required of applicant at the time the rental agreement is executed. If approved and the rental unit is held for applicant for more than 2 days, then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord. A non-refundable screening fee of \$\_\_\_\_\_ will be collected to process the application.

<b>App Fee Required</b>	<b>Security Deposit</b>	<b>Pet Deposit (if allowed)</b>	<b>Amount Paid</b>	<b>Amount Still Due</b>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, through interviews and public records. This inquiry includes information as to you character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application.

<b>Applicant's Signature</b>	<b>Date</b>	<b>Spouse's Signature</b>	<b>Date</b>

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**Criminal Records Waiver**

I, \_\_\_\_\_, do hereby give full permission to **Forget Properties LLC** and **REAL ID INCORPORATED** to conduct a search of my credit report and criminal records. This form is a release to any legal liability of reporting this information to the above named agent.

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
State of Issued

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**Criteria for Rental Acceptance**

Must have current photo identification (**Submit copy with application**)

We accept co-signers or higher deposits if credit score not at minimum requirement

**COSIGNERS**

**Must have credit score of 600. Must have verified employment in the state of Iowa**

Income minimum- 2x gross or 3x net times the rent. (**Submit 2 current check stubs with application.**)

Must be able to verify income in writing

Social Security letter is considered verified income

If income is not employment based, may be required to pay additional deposit

**Good rental reference from landlord.**

**NO EVICTIONS!** Must give 30 day notice to vacate in writing

Maximum of 2 late payments in 12 months

No health, fire, or housekeeping violations. No criminal activity

**No felonies within 5 years, all other is at Owners' discretion.**

**Other information**

Service animals are **ALWAYS ACCEPTED** with no deposit with proper documentation filed with the office.

**First application fee is \$35.00, additional \$15.00 for each additional adult applicant.** Fees need to be paid in the form of a money order, exact cash.

**Application fee is NON-REFUNDABLE.**

I have read and understand all of the above.

\_\_\_\_\_

Initial

\_\_\_\_\_

Initial

\_\_\_\_\_

Initial

\_\_\_\_\_

Initial

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**LANDLORD REFERENCE CHECK FORM**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant/Tenant \_\_\_\_\_ SSN# \_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Fax: \_\_\_\_\_

**My Signature authorizes verification of my Housing information:**

\_\_\_\_\_  
**Applicant/Tenant Signature** **Date**

The individual named above is an applicant/tenant of the Forget Properties. The information provided will be used to determine eligibility for rental, and remain confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

\_\_\_\_\_  
Project Manager

**RETURN FORM TO:**  
**Forget Properties LLC**  
**4214 Fleur Dr, Suite 13, Des Moines, Iowa 50321**  
**Phone: 515-223-0019**  
**Fax: 515-440-1685**

**TO BE COMPLETED BY LANDLORD**

Dates of residency: From \_\_\_\_\_ to \_\_\_\_\_. Total number of months \_\_\_\_\_

1. Did the resident pay their rent on time? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If the resident was late on the rent, how late? \_\_\_\_\_ How often? \_\_\_\_\_
2. How much rent was paid each month by the resident? \_\_\_\_\_
3. Did you receive a security deposit? \_\_\_\_\_ YES \_\_\_\_\_ NO  
How much of the security deposit was returned to the resident? \_\_\_\_\_
4. Did the resident, their guests, or their family damage the apartment or the property? \_\_\_\_\_  
Did they pay for damages? \_\_\_\_\_ YES \_\_\_\_\_ NO Amount of damages? \_\_\_\_\_
5. Were the police ever called as a result of the disturbance? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Date: \_\_\_\_\_ Comments: \_\_\_\_\_
6. Were there problems with the neighbors? \_\_\_\_\_ YES \_\_\_\_\_ NO
7. Does the resident have any pets or other potential problems that may be important for a landlord to know?  
\_\_\_\_\_ YES \_\_\_\_\_ NO Comments: \_\_\_\_\_
8. Did the Resident violate the lease agreement in any way? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Comments: \_\_\_\_\_
9. Did the resident give proper notice for vacating? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Reason for leaving: \_\_\_\_\_
10. Would you re-rent to this resident? \_\_\_\_\_ YES \_\_\_\_\_ NO Comments: \_\_\_\_\_
11. What is the previous address do your records indicate? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Preparer's Signature** **Title** **Date**

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The name and age of all persons who will occupy the unit are as follows:

<b>Name</b>	<b>Age</b>	<b>Name</b>	<b>Age</b>

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