

# Residential Lease Application

Each applicant and co-applicant 18 years or older must submit a separate application

|                     |       |       |
|---------------------|-------|-------|
| Home Interested In: | Time: | Date: |
|---------------------|-------|-------|

## Applicant Information

(Please Print)

|   |      |               |           |
|---|------|---------------|-----------|
| Name:   |      | Cell Phone #: |           |
| SSN:  | DOB: | Email:        |           |
| Current Address:  |      |               | Apt:      |
| City:   |      | State:        | ZIP Code: |
| Do you currently Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> |      | Amt: \$       | How Long? |
| Landlord / Apt Name:  |      | Contact #     |           |
| Reason For Move?  |      |               |           |
|   |      |               |           |

## Previous Address

|   |  |           |           |
|---|--|-----------|-----------|
| Address:  |  |           | Apt:      |
| City:   |  | State:    | ZIP Code: |
| Do you currently Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> |  | Amt: \$   | How Long? |
| Landlord / Apt Name:  |  | Contact # |           |
| Reason For Move?  |  |           |           |
|   |  |           |           |

## Current Employer Information

(Fax Recent Stubs)

|                   |  |             |   |
|-------------------|--|-------------|---|
| Current Employer: |  |             |   |
| Employer Address: |  |             |   |
| City:             |  | State:      | ZIP Code:   |
| Start Date:       |  | Supervisor: |   |
| Position:         |  | Pay: \$     | Per Hour <input type="checkbox"/> Salary <input type="checkbox"/> |

## Previous Employment Information

|                    |  |             |   |
|--------------------|--|-------------|---|
| Previous Employer: |  |             |   |
| Employer Address:  |  |             |   |
| City:              |  | State:      | ZIP Code:   |
| Start Date:        |  | End Date:   |   |
| Position:          |  | Supervisor: |   |
| Position:          |  | Pay: \$     | Per Hour <input type="checkbox"/> Salary <input type="checkbox"/> |

# Name All Others Who Will Occupy The Property

Notice anyone staying on the property for more than 48 hours is considered an occupant and must place in application in with management, failure to do so may result an IMMEDIATE eviction and termination of Lease.

|       |               |     |
|-------|---------------|-----|
| Name: | Relationship: | DOB |
| Name: | Relationship: | DOB |
| Name: | Relationship: | DOB |
| Name: | Relationship: | DOB |

## References:

|          |               |
|----------|---------------|
| Name:    | Phone Number: |
| Address: |               |
| Name:    | Phone Number: |
| Address: |               |
| Name:    | Phone Number: |
| Address: |               |

## Describe Other Income Applicant Wants Considered: (SNAP, Social Securiry, Child Support ect.)

|  |
|--|
|  |
|  |

## List All Vehicles To Be Parked On The Property

Notice: Anymore than 2 vehicles on the property must be approved by management

|            |        |        |
|------------|--------|--------|
| Make/year: | Model: | Color: |
| Make/year: | Model: | Color: |

## Pets:

(Notice: All pets must be approved by management. Failure to notify management of any pet is a violation of your lease and may result in IMMEDIATE eviction and termination of your lease)

|  |                              |
|--|------------------------------|
| Do you have any pets? Yes <input type="checkbox"/> No <input type="checkbox"/>                               | How Many?                    |
| Please Indicate Type Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> | Weight of Dog: Breed of Dog: |

## Applicant was referred to Illinois Quail Run by:

|   |                               |   |
|---|-------------------------------|---|
| Real Estate Agent <input type="checkbox"/>      | Sign <input type="checkbox"/> | Newspaper <input type="checkbox"/> (which One?) |
| Internet <input type="checkbox"/> (Which Site?) |                               |   |

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN  
COMPLIANCE WITH THE FCRA  
(FAIR CREDIT REPORTING ACT)**

This authorization and consent for release of personal information acknowledges that \_\_\_\_\_ (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404** at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Applicant (Print Name)**

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**Applicant Signature**

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# Background Screening Information Form

**Basic Information**

|  |                                    |     |
|--|------------------------------------|-----|
| Legal First Name                         | Legal Middle Name                  |     |
|  |                                    |     |
| Legal Last Name                          | Maiden and/or Other Last Name Used |     |
|  |                                    |     |
| Email Address                            |                                    |     |
|  |                                    |     |
| Date of Birth                            | Social Security Number             |     |
|  |                                    |     |
| Current Physical Address (no P.O. Boxes) |                                    |     |
|  |                                    |     |
| City                                     | State                              | Zip |
|  |                                    |     |

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

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2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

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3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

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4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:

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5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

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6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below:

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7. As of the date of this authorization, have you ever been evicted? YES NO If YES, Please provide an explanation below:

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**Address History** Please provide a complete address history since the age of 18.

|         |                    |
|---------|--------------------|
| Address | City / State / Zip |
|         |                    |
| County  | Dates              |
|         |                    |
| Address | City / State / Zip |
|         |                    |
| County  | Dates              |
|         |                    |
| Address | City / State / Zip |
|         |                    |
| County  | Dates              |
|         |                    |
| Address | City / State / Zip |
|         |                    |
| County  | Dates              |
|         |                    |
| Address | City / State / Zip |
|         |                    |
| County  | Dates              |
|         |                    |

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the canceling of any or all offers of occupancy that may exist and may be used at the discretion of \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

|                         |
|-------------------------|
| Applicant (Print Name): |
|                         |
| Applicant Signature:    |
|                         |