



**UNIVERSITY WEST APARTMENTS**

1320 Coconino Road  
 Phone 515-292-9790  
 Fax 515-619-5574  
 leasing@university-west.com  
 www.university-west.com

RENTAL APPLICATION
-Must be 18 years old to apply -No cash accepted -Accept check or certified funds

Please complete all requested information on the front and back of this form and submit to our office, along with the security deposit equal to 1 month's rent and \$50 application fee (per applicant). Thank you for your interest in our apartments.

Property Preference:  1300 Commons  1400 Commons  Fieldstone  Fieldstone Grand  The Townhomes  Steinbeck St.  
 Floorplan Preference: # of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**PERSONAL INFORMATION**

APPLICANT'S FULL NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \*If social security number is absent, security deposit equal to 2 months' rent is required.  
 Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Roommates: \_\_\_\_\_  
 Vehicle Information: Plate \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_  
 TRANSFER APPLICANT - No additional application fee will be withheld for transfer residents.

**RESIDENCE HISTORY**

CURRENTLY LIVE:  ON-CAMPUS  OFF-CAMPUS  WITH PARENTS  OTHER  
 Current Address: \_\_\_\_\_ Apt# \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Property Management Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**EMPLOYMENT INFORMATION**

STATUS:  Work Full-Time  Work Part-Time  ISU Student  DMACC student  
 Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Present Grade Level:  Freshman  Sophomore  Junior  Senior  Super Senior  Graduate Student  Other  
 Source of Rent:  Student Loans  Scholarship  Parents  Job  Other \_\_\_\_\_

**ADDITIONAL INFORMATION**

Where did you first see or hear about University West Apartments? \_\_\_\_\_  
 Were you referred to us by a University West resident? \_\_\_\_\_  
 If you visited our website (www.university-west.com), how were you initially directed to it? \_\_\_\_\_  
 What is the most important reason why you chose this apartment? \_\_\_\_\_  
 Do you plan on having a pet? \_\_\_\_\_  
**If yes, pet deposit must be paid at the time of lease signing to guarantee a pet friendly apartment. Preference will be given to those who have paid pet deposits versus persons who do not have a paid pet deposit.**

OTHER INFORMATION			
IN CASE OF EMERGENCY, NOTIFY: _____		Relationship _____	
Address _____	City _____	State _____	Zip _____
Cell Phone _____	Work Phone _____	Email _____	
In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas. Must not be someone who will be living in the same unit.			

CRIMINAL BACKGROUND VERIFICATION		
Have you ever been convicted of a felony?	Yes	No
Have you ever been required to register as a sex offender?	Yes	No
Have you ever been convicted of assault, disorderly conduct, or harassment?	Yes	No
Do you have any drug related offenses in the past 2 years?	Yes	No
Do you have any drug related offenses more than 2 years old?	Yes	No
If so, how many? _____		
Do you have more than 5 drinking related offenses in your lifetime?	Yes	No

**Unless otherwise noted, I hereby deposit an amount equal to 1 months rent as indicated on initial lease term.** This earnest money is to be refunded if this application is not accepted. Deposit checks will be cashed immediately upon receipt. I understand that in the event no social security number or verifiable rental history is available or insufficient, I may be required to increase my deposit to an amount equal of two months rent. Once approved, I agree to execute a lease before possession is given. If a lease is NOT signed, the deposit will be withheld as damages. Upon signing of the lease, the deposit shall be retained as the security deposit.

**A \$50 application fee must be paid separately for new residents.**

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement. I further authorize Management or their authorized agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. By providing your email address, you grant us permission to communicate with you via email. We value your privacy and do not sell or distribute our resident email list. Any false information will constitute ground for rejection of the application or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OFFICE USE ONLY - DO NOT WRITE BELOW**

<b>THIS APPLICATION – APPROVED</b> _____ <b>DENIED</b> _____	
BY _____	DATE _____
If not approved, specify reason(s) _____	
Applicant Notified by (Name) _____	Date Notified _____
Notified by: <input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Letter <input type="checkbox"/> Fax	