



SOUTH MEADOW APARTMENTS
 321 South 5th Street
 Phone 515.309.6426
 Fax 515.619.5574
 leasingism@corridorpm.com
 www.South-Meadow.com

RENTAL APPLICATION
<ul style="list-style-type: none"> • 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: Celtic Bird Fieldstone Fieldstone Grand Mortensen Place Steinbeck St. South Meadow
 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 _____
 HOME ADDRESS - Parents house: _____

EMPLOYMENT INFORMATION

STATUS: Work Full-Time Work Part-Time ISU Student DMACC student
 Current Employer: _____ Job Title: _____
 Approximate Monthly Income \$ _____ Supervisor _____ Telephone Number () _____
 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 South Meadow Apartments? _____
 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? _____
 Did a friend or acquaintance from South Meadow invite you to visit? If you can share their name and apartment number, we'd like the chance to say "Thanks!"
 Referred by: _____ Apartment # _____

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

THIS APPLICATION – APPROVED _____ **DENIED** _____
 BY _____ DATE _____
 If not approved, specify reason(s) _____
 Applicant Notified by (Name) _____ Date Notified _____
 Notified by: Telephone In Person Letter Fax