



Your Bank: _____ Account No: _____

Notify In Case of Emergency – Name: _____ Relationship _____
Address: _____ Phone: (____)-_____

Automobile _____ Year _____ Color _____
License Plate _____

Type/size of apartment desired? _____

Move in Date _____

How did you learn about the Cedar River Tower?

Applicant's Signature on Application authorizes management to check references including:

- Must provide a copy of a valid photo ID for each adult
- Criminal background checks
- Income Verification – must make four (4) times the monthly rent (Rent x 4 x 12)
- Employment verification – must provide proof of employment (3 months paystubs) or signed employment verification from employer
- Previous landlords – must provide the past two places of residency history
- County Courthouse Records for Small Claims filed and Money Judgements
- Each Applicant 18 and older must qualify individually
- Outstanding balances with utility companies & previous rental companies must be paid off in full
- Others as deemed pertinent for application



Be advised that management will NOT:

- Rent to persons who lie on their applications
- Rent to persons who have an eviction on their record in the past 5 years
- Rent to persons who, in the past 7 years, has a conviction for felonies and/or aggravated misdemeanors including and drug-related crimes and sex offenders
- Continue tenancy with persons who are currently convicted for felony and aggravated misdemeanor violations
- Rent to, or continue tenancy, with persons who entertain guests with recent conviction for felonies and aggravated misdemeanors
- Rent to persons with a history/habit of poor credit
- Continue tenancy with persons who disregard provisions of the Rental Agreement or who cause property destruction or disturbances
- Rent to persons who have had issues with Bed Bugs or other pest control issues in the past

Management considers felonies and aggravated misdemeanors such as this list unacceptable behavior, activity, or involvement for tenants of this property:

- | | |
|---|-------------------------------|
| *Assault/person injury | *prostitution |
| *Drug use/drug trafficking/drug manufacturing | *Arson or trespass |
| *Criminal mischief/vandalism/property damage | *Breaking and entering |
| *Child molestation/endangerment/neglect/sex offenders | *Domestic violence |
| *Theft/burglary/stolen property | *Illegal use of firearms/guns |
| *Stalking/kidnapping/rape/sexual abuse | |

Iowa Code Chapter 216, Iowa’s anti-discrimination law, DOES NOT AFFECT:
216.20 “Tenancy of an individual that would constitute a direct threat to the health and safety of other individuals or tenancy that would result in substantial physical damage to the property of other”

“I have fully read the information on this application”

I hereby make application for an apartment and certify that the above information is true and correct. I authorize verification of information and references.

Applicant’s Signature Date

This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by an officer of said Company and delivery of a lease covering said premises.

A COPY OF APPLICANT(S) DRIVERS LICENSES & \$20 APPLICATION FEE IS DUE UPON DELIVERY OF APPLICATION



Cedar River Tower Apartments
100 1st Ave NE
Cedar Rapids, IA 52401
319-364-0085

Rental Verification

Apartment Address: _____
Landlord: _____ Fax/Phone/Email: _____
Please Verify rental information for _____
Signature _____ Date _____

*****For Property Managers Only *****

Move in Date: _____ Lease Expiration Date: _____

Monthly rental rate: \$ _____

Were payments made on time? YES or NO (if no please explain any difficulties below)

Do they currently owe you money? YES or No. Amount owed? \$ _____

Have you taken or are you currently taking any legal action against them? YES or NO

(If yes please explain)

Did the tenant give proper notice? YES or NO Did they have a pet? YES or No

Did tenant have any pest infestation? YES or NO _____

Please rate their housekeeping: GOOD FAIR POOR

Were there additional people living with the tenant that were NOT on the lease? YES or NO

Would you re-rent to them? YES or NO

Has the renter been physically or verbally abusive to management or guests? YES or NO

Please list any lease violations and/or additional comments:

Person providing information:

Name: _____

Title: _____ Date: _____

Please return by fax to 319-364-1433 or email to cedarrivertower@outlook.com



Cedar River Tower Apartments
100 1st Ave NE
Cedar Rapids, IA 52401
319-364-0085

We are requesting verification of work history for the individual listed below, who states they are a current employee. Please return this verification form as soon as possible. You may either fax or call us with your responses and/or comments. Any information returned on this verification will be held in strictest confidence. Thank you for your cooperation in this matter. Your help is greatly appreciated.

I, _____, give Cedar River Tower permission to request employment verification.

Signature: _____

Date: _____

*****TO BE FILLED OUT BY EMPLOYER*****

Name of Company:

Employment Start Date: _____ End date: _____

Current position held:

Current wage:

\$ _____/hour or

\$ _____/Annually

Person providing information:

Name: _____

Title: _____ Date: _____

Please return by fax to 319-364-1433 or email to cedarrivertower@outlook.com