



BARKER

APARTMENTS

APARTMENT APPLICATION

Emerald Court _____ Westgate Villa _____ Seville _____ Scotsdale _____ Park Place _____ Parkside Manor _____

Applicant Name _____ **SS#** : _____ - _____ - _____
 (First) (Last)

Current Address _____
 (City) (State) (Zip)

Phone (_____) (_____) **Date of Birth** ____/____/____
 (Cell) (Work)

Own or Rent? (Circle One) Monthly Payment _____ Reason for Moving _____
 Name of Landlord: _____ Landlord's Phone: _____
 Landlord's Address: _____
 From: ____/____/____ To: ____/____/____

Office Use Only	
App Fee Paid	_____
Photo ID	_____
Deposit Paid	_____
Approved	_____
Approved By	_____
Assigned Apt	_____
Move In Date	_____

Drivers License# _____ **Email:** _____

Vehicle Make _____ Model _____ Color _____ Year _____ License# _____ State _____

Previous Address _____
 (City) (State) (Zip)

Own or Rent? (Circle One) Monthly Payment _____ Reason for Moving _____
 Name of Landlord : _____ Landlord's Phone: _____
 Landlord's Address: _____ From: ____/____/____ To: ____/____/____

Have you ever been late in rent payments? Yes _____ No _____ Have you ever been evicted? Yes _____ No _____
 Have you ever been convicted of a felony? Yes _____ No _____ Do you smoke? Yes _____ No _____

EMPLOYMENT INFORMATION: _____ Employed Full-Time _____ Employed Part-Time _____ Student _____ Unemployed
Employer _____ **Position** _____ **Phone**(_____) _____
Address _____ **City, State, Zip** _____
Starting Date: ____/____/____ **Ending Date:** ____/____/____ **Monthly Salary** _____

Previous Employer _____ **Position** _____ **Phone**(_____) _____
Address _____ **City, State, Zip** _____
Starting Date: ____/____/____ **Ending Date:** ____/____/____ **Monthly Salary** _____

OTHER INCOME SOURCE: _____ **TOTAL FROM ALL SOURCES: \$** _____

SCHOOL INFORMATION
 Are you/Will you be a student? Yes _____ No _____ If yes, Name School _____
 Major/Grad Program _____ **Start Date:** ____/____/____

In case of emergency, notify _____, (_____) **Relationship** _____
Address _____ **Email** _____

PERSONAL REFERENCE (Not employer or relative)
Name: _____ **Address:** _____ **Phone**(_____) _____

Preferences and Comments: _____

By signing, the applicant recognizes and gives permission for a credit report, background check, and rental reference to be done, and that the information obtained will be part of the criteria for acceptance or rejection of this application.

APPLICATION WILL NOT BE PROCESSED WITHOUT A \$20 NON-REFUNDABLE FEE AND MUST BE COMPLETED IN FULL.
**** PHOTO I.D. REQUIRED WITH APPLICATION.****

Applicant's Signature _____ **Date of Application** ____/____/____
 (Please complete reverse side)

MONTHLY RENTAL RATES/APARTMENT CHOICES

IOWA CITY

EMERALD COURT

[] Two Bedroom \$780
[] Three Bedroom \$995

WESTGATE VILLA

[] One Bedroom \$680
[] Two Bedroom \$880
[] Two Bedroom \$910
[] Three Bedroom \$1,150
[] Carport \$30

SEVILLE

[] One Bedroom \$755
[] Two Bedroom \$845

CORALVILLE

SCOTSDALE

Two Bedroom
[] Lower Level \$770
[] Upper Level \$810

PARKSIDE MANOR

	Lower	Upper
[] One Bedroom	\$720	\$740
[] Two Bedroom	\$790	\$830
[] Three Bedroom	\$1,045	\$1,090
[] Garage	\$60	

PARK PLACE

[] One Bedroom \$730
[] Two Bedroom, 750sqft \$720
[] Two Bedroom, 800sqft \$745
[] Two Bedroom, 850sqft \$760

SMOKE FREE PROPERTIES

DATE APARTMENT NEEDED _____/_____/_____

Family consists of and occupancy limited to _____Adults and _____Children, except for occasional visitors.

Visits shall be no longer than 14 days in length over any 90 day period.

Names and birth dates of others who will occupy apartment:

Name: _____ DOB: ____/____/____ Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____ Name: _____ DOB: ____/____/____

I hereby make application to the apartment complex marked above to be used as a dwelling place and for no other purpose. I agree to pay the prevailing rental rate as listed above. No persons, other than those specifically named as occupants on the lease will be permitted to occupy the dwelling. **NO PETS ARE ALLOWED. APPLICANT MUST HAVE PROOF OF RENTERS INSURANCE THAT STATES THE NEW ADDRESS BY THE MOVE-IN DATE.**

I agree to rent the premises known as _____
(Apartment Complex Name)

I will sign a lease for _____months, from ____/____/____ TO **7/31/**_____.

Reservation Deposit: With this Application I will Deposit the sum of \$_____ with the Landlord as a "Reservation Deposit". In the event this Application is not approved by the Landlord the full Reservation Deposit shall be promptly returned to me at the address I have given the Landlord in this Application. If the Landlord approves my Application, then as consideration for the Landlord reserving an apartment occupancy for me before I have signed a Rental Agreement, I agree that the Reservation Deposit will then become non-refundable, except if the Landlord fails to offer a Rental Agreement to me in accordance with this Application. If the Landlord offers me a Rental Agreement in accordance with this Application but within five (5) days after I receive it I do not sign and return it to the Landlord's office, then I agree that the Landlord may retain the full Reservation Deposit to offset the Landlord's inconvenience and expenses in finding a replacement tenant for the apartment occupancy that had been reserved for me. Upon my execution of a Rental Agreement offered by the Landlord, the full Reservation Deposit will be applied to the Security Deposit specified in the Rental Agreement and will thereafter be administered in accordance with the Rental Agreement and Iowa law. Once I sign the Rental Agreement and it is accepted by the Landlord, then I am responsible for all tenant obligations thereunder in accordance with Iowa Law. If I fail to take possession and pay rental at the commencement of the term of the Rental Agreement, I understand that such failure may make me liable, in accordance with Iowa law, for damages to the Landlord which may include, but are not necessarily limited to, the monthly rent for the entire term of the rental agreement unless and until the Landlord is able to mitigate such damages by leasing the Rental Unit to another tenant.

I warrant that I am at least 18 years of age and that the information I have provided on this application is true.

Applicant's Signature _____ **Date** ____/____/_____



Emerald Court:	319-337-4323,	Fax 319-337-2049,	emerald@barkerapartments.com
Westgate Villa:	319-351-2905,	Fax 319-337-2049,	westgate@barkerapartments.com
Seville:	319-338-1175,	Fax 319-338-9541,	seville@barkerapartments.com
Scotsdale:	319-351-1777,	Fax 319-351-1859,	scotsdale@barkerapartments.com
Parkside Manor:	319-338-4951,	Fax 319-338-2151,	parkside@barkerapartments.com
Park Place:	319-354-0281,	Fax 319-338-2151,	parkplace@barkerapartments.com