



Glenbrook Centre
APARTMENTS | RETAIL

Rental Application

Desired Move-In Date: ____ / ____ / ____ Unit _____

APPLICATION INFORMATION

Lessee #1

Name (full legal name): _____
Date of Birth: _____
Social Security Number: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Driver's License / ID Number: _____
(Please provide a copy of your Driver's License for verification purposes)

Lessee #2

Name (full legal name): _____
Date of Birth: _____
Social Security Number: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Driver's License / ID Number: _____
(Please provide a copy of your Driver's License for verification purposes)

NAME OF OCCUPANTS AND RELATIONSHIP TO APPLICANT

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

APPLICANT / OCCUPANT VEHICLES

Lessee #1: Make _____ Model _____ Year _____ Tag Number _____
Lessee #2: Make _____ Model _____ Year _____ Tag Number _____

EMPLOYMENT HISTORY

(Please Give Employment Details For Past Four (4) Years For Each Lessee)

Lessee #1

Current Employer:

Name: _____ Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Start: _____ End: _____

Previous Employer:

Name: _____ Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Start: _____ End: _____

Previous Employer:

Name: _____ Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Start: _____ End: _____

Previous Employer:

Name: _____ Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Start: _____ End: _____

Lessee #2

Current Employer:

Name: _____ Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Start: _____ End: _____

Previous Employer:

Name: _____ Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Start: _____ End: _____

Previous Employer:

Name: _____ Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Start: _____ End: _____

Previous Employer:

Name: _____ Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Start: _____ End: _____

RENTAL HISTORY

(Please Give Rental History Details For Past Three (3) Years For Each Requested Lessee)

Lessee #1

Current Address: _____ Zip: _____

Dates Lived At This Address: Start: _____ End: _____ Rent: _____

Reason For Leaving: _____

Landlord / Manager: _____ Landlord / Manager Phone: _____

Previous Address: _____ Zip: _____

Dates Lived At This Address: Start: _____ End: _____ Rent: _____

Reason For Leaving: _____

Landlord / Manager: _____ Landlord / Manager Phone: _____

Previous Address: _____ Zip: _____

Dates Lived At This Address: Start: _____ End: _____ Rent: _____

Reason For Leaving: _____

Landlord / Manager: _____ Landlord / Manager Phone: _____

Lessee #2

Current Address: : _____ Zip: _____

Dates Lived At This Address: Start: _____ End: _____ Rent: _____

Reason For Leaving: _____

Landlord / Manager: _____ Landlord / Manager Phone: _____

Previous Address: _____ Zip: _____

Dates Lived At This Address: Start: _____ End: _____ Rent: _____

Reason For Leaving: _____

Landlord / Manager: _____ Landlord / Manager Phone: _____

Previous Address: _____ Zip: _____

Dates Lived At This Address: Start: _____ End: _____ Rent: _____

Reason For Leaving: _____

Landlord / Manager: _____ Landlord / Manager Phone: _____

INCOME

	Lessee #1	Lessee #2
Gross Monthly Employment Income Before Deductions:	\$ _____	\$ _____
Gross Monthly Income From Other Sources:	\$ _____	\$ _____
TOTAL GROSS MONTHLY INCOME:	\$ _____	\$ _____

CREDIT AND FINANCIAL INFORMATION

Lessee #1

Checking: Institution: _____ Branch: _____
Savings: Institution: _____ Branch: _____

Credit Card: Type _____ Amount Owed \$ _____ Monthly Payment \$ _____
Credit Card: Type _____ Amount Owed \$ _____ Monthly Payment \$ _____
Vehicle: Loan Amount _____ Monthly Payment \$ _____
Other: Creditor _____ Loan Amount _____ Monthly Payment \$ _____
Other: Creditor _____ Loan Amount _____ Monthly Payment \$ _____

TOTAL MONTHLY PAYMENTS: \$ _____

Lessee #2

Checking: Institution: _____ Branch: _____
Savings: Institution: _____ Branch: _____

Credit Card: Type _____ Amount Owed \$ _____ Monthly Payment \$ _____
Credit Card: Type _____ Amount Owed \$ _____ Monthly Payment \$ _____
Vehicle: Loan Amount _____ Monthly Payment \$ _____
Other: Creditor _____ Loan Amount _____ Monthly Payment \$ _____
Other: Creditor _____ Loan Amount _____ Monthly Payment \$ _____

TOTAL MONTHLY PAYMENTS: \$ _____

APPLICANT PERSONAL REFERENCES

Lessee #1

Name: _____ Address: _____
Phone: _____ Relationship: _____
Known Reference How Long?: _____

Name: _____ Address: _____
Phone: _____ Relationship: _____
Known Reference How Long?: _____

Name: _____ Address: _____
Phone: _____ Relationship: _____
Known Reference How Long?: _____

Lessee #2

Name: _____ Address: _____
Phone: _____ Relationship: _____
Known Reference How Long?: _____

APPLICANT PERSONAL REFERENCES (continued)

Lessee #2

Name: _____ Address: _____
Phone: _____ Relationship: _____
Known Reference How Long?: _____

Name: _____ Address: _____
Phone: _____ Relationship: _____
Known Reference How Long?: _____

MISCELLANEOUS

How Were You Referred To Us: Sign ____ Newspaper ____ Tenant ____ Other ____
Do You Smoke? Yes ____ No ____
Does Your Lifestyle Or Cooking Have A Propensity To Create Strong Odors? Yes ____ No ____
Will You Have Water Filled Furniture In The Unit?: Yes ____ No ____ If Yes, Give Details Below
Have You Ever Been Evicted?: Yes ____ No ____ If Yes, Give Details Below
Have You Ever Been Convicted Of A Crime? Yes ____ No ____ If Yes, Give Details Below
Have You Ever Filed For Bankruptcy? Yes ____ No ____ If Yes, Give Details Below

Explanation:

APPLICANT EMERGENCY CONTACT INFORMATION

Contact in Emergency: _____ Relationship: _____
Address: _____ Phone: _____

I hereby certify and affirm that all information provided above is true and correct. I fully understand that my Lease may be terminated if I have made any false, misleading, or incomplete statement(s) in this application. I hereby authorize verification of all information provided in this application, including financial and credit information. Applicant understands this will be done through credit bureaus, contact with current and previous employers, contact with current and previous landlords, and contact with personal references. The Lease begins immediately upon (i) Landlord’s communication to Applicant of the approval of the Application and (ii) payment of the Security Deposit even though the commencement of the Lease term may be on a later date. Further, until the Security Deposit is paid, Landlord reserves the right to lease the unit to another Applicant who is approved and pays the Security Deposit. If application is withdrawn after Applicant is notified of approval, Applicant forfeits any Security Deposit paid as reimbursement to satisfy Landlord’s costs and lost rent for holding an apartment off the market.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

This application can be returned via mail, fax, or email to:

Glenbrook Centre Partners, LLC
4341 1st Avenue SE, Unit 122
Cedar Rapids, IA 52402
P: 319-366-6624 F: 319-363-3775 Email: Leasing@GlenbrookCentre.com