Rental Application 114 Commercial Street

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| Applicant Information |
| Name: E-Mail: |
| Date of birth: | Driver’s License #: | Phone: |
| Current address: |
| City: | State: |  Zip: | Pets: Cats: Dogs: Wt. Breed: |
| Number of bedrooms required: | Smoker: | Smoking Guests: |
| Current Landlord & Phone: | Monthly payment or rent: | How long? |
| Previous address: |
| City: | State: | ZIP Code:  | Monthly payment or rent: |
| Previous Landlord & Phone:Monthly payment or rent: | How long? |
| Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City:State: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Emergency Contact |
| Name of a person not residing with you: |
| Address: |
| City: | State: | ZIP Code: | Phone: |
| Relationship: |
| Co-applicant Information, if Married |
| Name: |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code:  | Pets: Cats: Dogs: Wt. Breed:  |
| Current Landlord & Phone: | Monthly payment or rent: | How long? |
| Previous address:  |
| City: | State: | ZIP Code: |
| Previous Landlord & Phone: | Monthly payment or rent: | How long? |
| Co-applicant Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| References |
| Name:  | Address: | Phone: |
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| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |