



# APPLICATION TO RENT

422 Pershing Ave. Davenport, IA 52801  
Phone: 563-388-6422 Fax: 563-388-2044  
www.apartmentsqca.com

**Please bring your current photo ID, SSC, 2 most recent paystubs and proof of any other income.**

**All Occupants over age 18 must fill out their own application  
Renter's Insurance is Required**

### Personal Information:

_____	_____	_____	_____	_____
Last Name	First Name	MI	Daytime Phone	Evening Phone
_____		_____		_____
Driver's License Number and State		Have you ever used a different name		Number of Pets and Type
_____				
Email Address				

### **How did you hear about us?**

### List all Proposed Occupants:

_____	_____	_____
Full Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Residence:

**Current:** \_\_\_\_\_

_____	_____	_____	_____	_____
Street Address	Apt. #	City	State	Zip
_____ to _____	\$ _____	_____		
MO/YR	MO/YR	Monthly rent	Reason For Leaving & Landlord Name and Phone Number	

**Prior:** \_\_\_\_\_

_____	_____	_____	_____	_____
Street Address	Apt. #	City	State	Zip
from _____ to _____	\$ _____	_____		
MO/YR	MO/YR	Monthly rent	Reason For Leaving	

Landlord/Mortgage Co.: \_\_\_\_\_

_____	_____
Name	Phone

### Employment or Source of Income:

**Current:** \_\_\_\_\_

_____	_____	_____
Company Name	Phone	_____
from _____ to _____	\$ _____	_____
MO/YR	MO/YR	Monthly Salary
Your position with company		Supervisor name

**Prior:** \_\_\_\_\_

_____	_____	_____
Company Name	Phone	_____
_____	_____	_____
Street Address	City	State
_____ to _____	\$ _____	_____
MO/YR	MO/YR	Monthly Salary
Your position with company		

### Banking:

**Checking:** \_\_\_\_\_

_____	_____
Bank Name	Phone Number

**Savings:** \_\_\_\_\_

_____	_____
Bank Name	Phone Number

### Family Reference In Case Of Emergency:

_____	_____
Full Name	Phone Number
_____	_____
Street Address	City
_____	_____
State	Zip
Relationship	

**Non-Family Reference:**

Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**List All Vehicles To Be Parked On Premises:**

Make	Model	Year	License Plate Number and State

**Credit and Criminal Information:**

Have you ever been convicted of a crime? Y or N

If Yes, please explain \_\_\_\_\_

Have you ever been delinquent in paying rent or any other financial obligation? Y or N

If Yes, please explain \_\_\_\_\_

Have you ever been a defendant in an unlawful detainer (eviction) proceeding? Y or N

If Yes, please explain \_\_\_\_\_

I, Applicant, represent that all of the above statements are true and correct and hereby authorize verification of the above items including but not limited to the obtaining of a consumer credit report and Criminal Background Search. I agree to furnish additional credit references on request. Any false statements made above shall be sufficient cause for McDonnell Property Management, Inc., Landlord, to cancel and terminate any agreement made with Applicant. I understand that my information will be shared with State Farm Fire and Casualty Company for the purposes of obtaining a renter's insurance quote.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant STOP here go to next page**

**RENTAL VERIFICATION  
TO BE FILLED OUT BY LANDLORD/MANAGER  
PLEASE FILL OUT COMPLETELY  
DO NOT LEAVE ANY LINES BLANK**

- How long has resident resided at property? \_\_\_\_\_
- How much is the resident's monthly rent? \_\_\_\_\_
- Does the resident pay on time? \_\_\_\_\_
- How many times has the resident been late? \_\_\_\_\_
- Does the resident owe any rent right now? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
- Have you ever filed for eviction? \_\_\_\_\_
- Was proper notice given to vacate? \_\_\_\_\_
- Who is listed on the rental agreement? \_\_\_\_\_
- Where any complaints received against the unit? \_\_\_\_\_
- Would you rent to the tenant again? \_\_\_\_\_
- Were any pest control problems reported? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_
- Landlord/Manager Signature \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

# DAVENPORT POLICE DEPARTMENT LANDLORD BACKGROUND CHECK

Name: \_\_\_\_\_

Last

First

Middle Initial

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street #

City

State

Zip code

Rent: [ ]

Own: [ ]

Living with Family Member: [ ]

If Renting, Name of Current Landlord: \_\_\_\_\_

Phone: \_\_\_\_\_

List all aliases: \_\_\_\_\_

List any co-applicants: \_\_\_\_\_

List any children who will be living in the household.

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Child 4: \_\_\_\_\_

Child 5: \_\_\_\_\_

Child 6: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any additional information you feel is relevant: \_\_\_\_\_

**I authorize the release and verification of all information needed to complete a full background report including criminal and consumer credit report.**

Applicant (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

Applicant (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: \*\*\* All fields must be completed in full or request will not be processed. \*\*\***

This information is being provided at the request of Landlord and Landlord agrees that the decision to rent is the Landlord's SOLE decision. The city of Davenport is not an agent of Landlord nor does it guarantee or warrant the character or suitability of a tenant. The city is simply providing the information requested.

Matt McDonnell \_\_\_\_\_

Property Agent

Date

McDonnell Property Management \_\_\_\_\_

Name of Property

422 Pershing Ave. Davenport, IA 52801 \_\_\_\_\_

Property Address

563-388-6422 \_\_\_\_\_ mcdonnell.leasing@gmail.com \_\_\_\_\_

Phone#

E-mail Address

**Please return to the Crime Prevention Unit, Davenport Police Department Fax# 563-888-2081**



422 Pershing Ave.  
Davenport, IA 52801  
Phone: 877-388-6422 Fax: 563-388-2044

**Applicant complete ONLY highlighted areas**

## EMPLOYMENT VERIFICATION

PLEASE FILL OUT COMPLETELY  
DO NOT LEAVE ANY LINES BLANK

**Applicant Name** \_\_\_\_\_

- How long has the employee been employed?

\_\_\_\_\_

- How much money is earned?

\_\_\_\_\_

(Please indicate hourly wage or salaried, how many hours worked, and # of pay periods in the year.)

- Human Resources/Supervisor

\_\_\_\_\_

I, Applicant, represent that all of the above statements are true and correct and hereby authorize verification of the above items including but not limited to the obtaining of a consumer credit report and Criminal Background Search. I agree to furnish additional credit references on request. Any false statements made above shall be sufficient cause for McDonnell Property Management., Landlord, to cancel and terminate any agreement made with Applicant.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**





## **Utilities**

All tenants are required to have all tenant paid utilities switched into their name before you can sign your lease or move-in.

MidAmerican – 888-427-5632

Iowa American Water – 866-641-2108

City of Davenport – 563-326-7707

City of Rock Island – 309-732-2000

City of Moline – 309-524-2070

## **Rental Insurance**

It is highly recommended to also carry rental insurance. Please talk to your agent about all of your options. You may want to carry additional coverage including sump pump/sewer back up and/or Flood.