

# Homesteads Rental Application – 32 Scott Street

**Phone: 712-329-0040      Fax: 712-256-8349**

### Applicant Information

**Name – First, Middle, and Last: INCLUDING aliases/maiden names:**

Date of birth:	SS#	Phone:
Current address:		
City:	State:	ZIP Code:
Landlord PH#	Landlord/Agency Name	How long?
Landlord's address:		
City:	State:	ZIP Code:

### Employment Information

Current employer:		
Employer address:		How long?
Phone:	Manager Name:	Email:
City:	State:	Weekly hours worked:
Position:	Hourly Salary	Monthly income:

### Misc. Information

Previous Address:	/How Long?	
Previous Landlord's Name, Address and PH#:		
Drivers Lic.	State for Drivers License:	Have you ever been evicted?: Yes / No
List ALL pets & breeds residing at premises:		

### Co-applicant Information

**Name – First, Middle, and Last: INCLUDING aliases/maiden names:**

Date of birth:	SS#	Phone:
Current address:		
City:	State:	ZIP Code:
Landlord PH#	Landlord/Agency Name	How long?
Landlord's address:		
City:	State:	ZIP Code:

### Co-applicant Employment Information

Current employer:		
Employer address:		How long?
Phone:	Manager Name:	Email:
City:	State:	Weekly hours worked:
Position:	Hourly Salary	Monthly income:

### Co-applicant Misc. Information

Previous Address:	Have you ever been evicted?: Yes / No
Prev Landlord's Info:	State for Drivers License:
List All Pets & breeds at premises:	Driver's License #:

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: