



GUIDELINES FOR TENANCY AT ST. ANDREWS APARTMENTS

- Each applicant must apply for tenancy and be approved
- Each applicant must be gainfully employed
- Each applicant must provide proof of income equaling net of (3.5) times monthly rent
- Each applicant must allow for criminal and civil background check
- Each applicant must pass “zero tolerance” background check.
- Zero tolerance on all drugs charges, charges involving physical assaults and sexual offenses
- Zero tolerance on any money owed. This includes but not limited to: collection agencies, previous landlords/property management companies, furniture rental contracts, etc.
- Must provide previous landlord/property management information
- NO PETS
- NO SMOKING

St. Andrews Apartments
 1621 Pinehurst Dr NE
 Cedar Rapids, IA 52402
 Office: 319-393-8375
 Fax: 319-743-7914
 standrewscr@yahoo.com



Hours:
 Monday-Friday 10am-4pm
 Saturday by Appointment
 Closed Sundays

Application For Apartment

Date _____ Type of Apartment: 1 Bed/ 1 Bath 2 Bed/1 Bath 2 Bed/2 Bath
 Full Name _____ Date of Birth _____ Phone# _____
 Social Security # _____ Email _____

Present Address _____
 City _____ State _____ Rent or Own _____
 Amount of Rent _____ How long at present address _____
 Name of Apartments _____ Landlord _____
 Phone # of Landlord or Apartment Complex _____ Landlord or Apartment Complex Email _____

Previous Address _____
 City _____ State _____ Rent or Own _____
 Amount of Rent _____ How long at previous address _____
 Name of Apartments _____ Landlord _____
 Phone # of Landlord of Apartment Complex _____ Landlord or Apartment Complex Email _____

Employed By _____ Address _____
 Position _____ Salary _____ How Long? _____ Phone# _____
 Employee Contact _____ Phone # of Employee Contact _____ Email _____

Will Anyone Other Than Those Listed Above Occupy Apartment with You? Yes No

Name: _____ Relationship: _____ Employment _____ Salary _____
 Name: _____ Relationship: _____ Employment _____ Salary _____
 Name: _____ Relationship: _____ Employment _____ Salary _____

Vehicles:
 Make: _____ Model: _____ Year: _____ Color: _____ Liscense# _____
 Make: _____ Model: _____ Year: _____ Color: _____ Liscense# _____

In Case of Emergency Notify: Name _____ Phone# _____

Have you ever broken a lease with any apartment project? Yes No
 If yes, Name of Apartments _____

Have you ever been evicted from any apartment project? Yes No
 If yes, Name of Apartments _____

Why are you leaving your present address? _____

Application Deposit

Applicant has deposited herewith the sum of \$ _____ receipt of which is hereby acknowledged, as a non-interest bearing deposit (and not as a rental payment) to be refunded as hereinafter provided if the lease agreement is consummated: provided, however, that in the event the application is approved, and applicant fails or refuses the apartment tendered for any reason not the fault of the owner, and fails or refuses to enter into the contemplated lease with the owner, then applicant agrees to forfeit the said deposit as liquidated damages and not as a penalty, to cover the cost of taking and processing this application, reservation and preparation of the apartment, and the loss of rental income to owners. If, however, in the event this application is disapproved or for any other reason for which owner is responsible the lease agreement is not consummated, this deposit will be returned to the applicant. Negotiation of a deposit by check shall not constitute an acceptance of this application by owners. This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by an officer of said company and delivery of a lease covering said premises. Thee undersigned represents that the above statements are true and complete and authorizes verification of information and references given.

Date you will move in: _____ Applicant's Signature: _____



Be advised that Management will NOT:

- Rent to persons who lie on their applications
- Rent to persons who have an eviction on their record.
- Rent to persons who, has a conviction for felonies and/or aggravated misdemeanors including drug-related crimes and sex offenders
- Continue tenancy with persons who are currently convicted for felony and aggravated misdemeanor violations
- Rent to, or continue tenancy, with person who entertain guests with recent conviction for felonies and aggravated misdemeanors
- Rent to persons with a history/habit of poor credit
- Continue tenancy with persons who disregard provisions of the Rental Agreement or who cause property destruction or disturbances

Management considers felonies and aggravated misdemeanors such as this list unacceptable behavior, activity, or involvement for tenants of this property:

- Assault/person injury
- Drug use/trafficking/drug manufacturing
- Criminal mischief/vandalism/property damage
- Theft/burglary/stolen property
- Stalking/kidnapping/rape/sexual abuse
- Breaking and entering
- Domestic violence
- Child molestation/endangerment/neglect/sex offenders
- Prostitution
- Arson or trespass
- Illegal use of firearms/guns

Iowa Code Chapter 216, Iowa's anti-discrimination law, DOES NOT AFFECT:

216.20 "Tenancy of an individual that would constitute a direct threat to the health and safety of other individuals or tenancy that would result in substantial physical damage to the property of others"

"I have fully read the information on this application"

I hereby make application for an apartment and certify that the above information is true and correct. I authorize verification of information and references.

Applicants Signature _____ Date _____

This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by an officer of said Company and delivery of a lease covering said premises. A copy of Applicants Driver Licenses & \$40.00 application fee is due upon delivery of application.



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We are requesting verification of work history for the Individual listed below, who states they are a current employee. Please return this verification form as soon as possible. You may either fax or call us with your responses and/or comments. Any information returned on this verification will be held in strictest confidence. Thank you for your cooperation in this matter. Your help is greatly appreciated.

I, _____, give St. Andrews Apartments permission to request employment verification.

Signature: _____

Date: _____

***** TO BE FILLED OUT BY EMPLOYER*****

Name of Company _____

Employment Start Date _____

Current Position Held _____

Full Time OR Part Time (circle one)

Current Wag:

\$ _____/Hour

OR

\$ _____/Annually

Person providing information:

Name _____

Title _____

Date _____

Please return by fax to 319-743-7914 or email standrewscr@yahoo.com



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We are requesting verification of rental history from the individual listed below, who states they are a present or former tenant. Please return this verification form to us as soon as possible. You may either fax or call us with your responses and/or comments. Thank you for your cooperation in this matter. Your help is greatly appreciated.

I, _____ give St. Andrews Apartments Permission to request rental history.

Signature: _____ Date: _____

***** TO BE FILLED OUT BY LANDLORD *****

Name of tenant: _____

Date moved in: _____ Date moved out: _____

Monthly rental rate: \$ _____

Were payments made on time? (Please circle/highlight one option) YES or NO

If no please explain any difficulties: _____

Do they currently owe you money? YES or NO Amount owed: \$ _____

Have you taken or are you currently taking any legal action against them? YES or NO

Did the tenant give proper notice? YES or NO Did they have a pet? YES or NO

Did tenant have any pest infestation? YES or NO Explain: _____

Please rate their housekeeping: GOOD FAIR POOR

Were there additional people living with the tenant that were NOT on the lease? YES or NO

Would you re-rent to them? YES or NO

Has the renter been physically or verbally abusive to management or guests? YES or NO

Please list any lease violations and/or additional comments: _____

Person providing information: _____

Title: _____ Date: _____

Please fax back to 319-743-7914 or e-mail standrewscr@yahoo.com