



P.O. Box 2151 – Davenport, IA 52809  
563-639-7286  
[www.iowapmi.com](http://www.iowapmi.com)

## Property Managers, Inc. (PMI)

**Phone number: (563) 639-7286**

**Fax number: (563) 386-1595**

**Email: [pmiliving@gmail.com](mailto:pmiliving@gmail.com)**

Thank you for your interest in a rental property offered by PMI. In order to accept and complete this application, a \$25.00 per adult non-refundable application fee, proof of income as well as a copy of your photo ID, must accompany your application. (\$10 Application Fee for Co-Signers)

**Check or money order will be accepted for the application fee(s).**

Please make payment(s) payable to: PMI

OR

VENMO APP FEES to @pmirents

You may return your completed application and fee to the PMI office located at:  
2828 W 73<sup>rd</sup> Street Suite 2 - Davenport, IA 52806

OR you can mail it to:

PO BOX 2151

Davenport, IA 52809

You should receive notice regarding the status of your application within 48-72 hours of receipt. If you are unreachable by phone, a letter will be mailed to the address you provided.



RENTAL UNIT TENANT APPLICATION



Address of home being applied for: \_\_\_\_\_

Applicant:

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

Soc. Sec. No: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle 1: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Vehicle 2: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Additional Occupants:

Name

- 1) \_\_\_\_\_
2) \_\_\_\_\_
3) \_\_\_\_\_
4) \_\_\_\_\_

Will you be bringing a pet? YES NO What kind of pet? \_\_\_\_\_ How many? \_\_\_\_\_

NOT ALL OF OUR PROPERTIES ALLOW PETS SO BE SURE TO CONFIRM THIS WITH YOUR LEASING AGENT.
Some properties\owners require a non-refundable Pet Deposit as well as Monthly Pet Rent.

Residential History:

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

Dates of Occupancy: \_\_\_\_\_

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

Have you given your 30 day notice to vacate: YES NO

Reason for Moving: \_\_\_\_\_

Landlords Phone #: \_\_\_\_\_

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

Dates of Occupancy: \_\_\_\_\_

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

Reason for Moving: \_\_\_\_\_

Landlords Phone #: \_\_\_\_\_

**Current Employment:**

Employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Dates of employment: \_\_\_\_\_  
 Monthly Salary: \_\_\_\_\_

**Previous/Other Employment:**

Employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Dates of employment: \_\_\_\_\_  
 Monthly Salary: \_\_\_\_\_

If less than two years, please give prior employment on a separate sheet of paper.

Do you have any additional sources of income? YES NO

If YES, what: \_\_\_\_\_

**References:**

**Personal Reference Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship to Reference:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Nearest Relative Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship to Relative:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Name of Person to Contact in Emergency:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**I\We offer the foregoing information as inducement to you to rent or lease Me\Us your rental unit. Under Penalty of Perjury, I\We declare said foregoing information to be true and correct to the best of our knowledge and do hereby authorize you to conduct an employment and credit check and to verify our references.**

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"

Applicant's signature on this application authorizes management to check the applicant's references including, but not limited to: Credit Report, Income Verification, Employment and/or student verification, Previous Landlord(s) or program participation, County Courthouse records for Small Claims filed, County Courthouse records for Money Judgments, Law Enforcement Officials with jurisdiction over previous addresses and others as deemed pertinent from the application.

**I have read and understand the above terms & conditions, and declare said foregoing information be true and correct.**

**Applicant Signature:** \_\_\_\_\_

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

We welcome qualified tenants without regard to race, color, creed, religion, sex, marital status, familial status, age, national origin, sexual orientation, disability or gender identity. If you feel you have experienced discrimination, you may file a complaint with the Davenport Civil Rights Commission, 226 W. 4th St., Davenport, (563) 326-7888 or (563) 326-7959 TTY. For discriminatory housing practices that occur outside the City of Davenport, contact the Iowa Civil Rights Commission at (800) 457-4416 or the U.S. Department of Housing and Urban Development at (800) 743-5323.

