

**EAGLE RIDGE COMMUNITY  
CONDITIONS OF  
APPLICATION FOR RESIDENCY**

**"I/We have read and understand this form."**

**Applicant #1's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant #2's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's signature on this application authorizes owner/management to check applicant's references including:**

- credit report
- income verification
- employment and/or student verification
- previous landlords or program participation
- county courthouse housing judgments
- criminal background check
- law enforcement with jurisdiction over previous addresses
- other as deemed pertinent from application

The results of these checks will be used to determine whether to rent to applicant.

**Federal Fair Housing Act title VIII Section 804 (42U.S.C.3604) (f)(6)(9), Iowa Code Chapter 216.20b, Iowa's anti-discrimination law, and City of Marion Municipal Ordinance Chapter 31.18 (2)(J) do not protect: "Tenancy of an individual that would constitute a direct threat to health or safety of other individuals or tenancy that would result in substantial physical damage to the property of others."**

**Be advised that management will not:**

1. rent to persons who lie on their applications
2. continue tenancy with persons who management later learns lied
3. rent to applicants whose immediate family include persons with convictions for felonies and aggravated misdemeanors
4. continue tenancy with persons who are convicted of felony and aggravated misdemeanor violations
5. rent to, or continue tenancy, with persons who entertain guests with recent convictions for felonies and aggravated misdemeanors
6. rent to persons with a history/habit of bad credit, late payments, no credit and/or credit history
7. continue tenancy with persons who disregard provisions of the rental agreement and/or guidelines
8. continue tenancy with persons who cause property damage/disturbances
9. rent to persons that have been charged and/or convicted as a sex offender

**Management considers convictions for felonies and aggravated misdemeanors, as per state codes, (listed below), unacceptable behavior/activity/involvement for tenants of the property. Examples include:**

- assault/personal injury
- prostitution
- criminal mischief/vandalism/property damage
- arson or trespass
- drug use, drug selling, drug manufacturing
- child molestation/endangerment/neglect/abuse
- domestic violence
- breaking and entering
- theft/burglary/stolen property
- illegal use of firearms/guns
- stalking/kidnapping/rape/sexual abuse
- 3rd offense OWI

The resident will be responsible for all utility services to the resident's home (except for water, sewer and garbage) and for any deposits required by utility providers.





**NAME OF APPLICANT/OWNER #2 (PLEASE PRINT CLEARLY)**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Present Address:

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

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

Driver's License # : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Are you 18 or older? Y or N

**Present Landlord:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

How long at present address: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Are/were you evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

A. List below all addresses for the last three years. Include Landlords names, addresses and phone numbers.

**Previous Landlord:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

How long at address: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Are/were you evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

How long at address: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Are/were you evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

How long at address: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Are/were you evicted? Yes \_\_\_\_\_ No \_\_\_\_\_



**OTHER PERSONS TO RESIDE WITH YOU:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last Name First MI

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last Name First MI

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last Name First MI

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last Name First MI

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last Name First MI

I/We will be borrowing the money to purchase the home, from \_\_\_\_\_  
(Leinholder)

The contact person is: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**WE PROVIDE TWO ON-SITE PARKING SPACES PER HOMESITE. IF YOU HAVE MORE THAN TWO VEHICLES YOU WILL BE RESPONSIBLE FOR THE COST OF CONCRETE FOR ADDITIONAL PARKING. GUESTS VEHICLES MUST BE PRE-REGISTERED AT THE OFFICE.**

NUMBER OF VEHICLES \_\_\_\_\_ NUMBER OF LICENSED DRIVERS \_\_\_\_\_

NAMES \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LICENSE: \_\_\_\_\_ COLOR: \_\_\_\_\_

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YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LICENSE: \_\_\_\_\_ COLOR: \_\_\_\_\_

**PETS**

DO YOU HAVE / EXPECT TO HAVE PETS? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ CAT WEIGHT \_\_\_\_\_ PEDIGREE \_\_\_\_\_

\_\_\_\_\_ CAT WEIGHT \_\_\_\_\_ PEDIGREE \_\_\_\_\_

\_\_\_\_\_ DOG WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ PEDIGREE \_\_\_\_\_

\_\_\_\_\_ DOG WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ PEDIGREE \_\_\_\_\_

OTHER: \_\_\_\_\_

**ALL PETS MUST BE PRE-APPROVED BY MANAGEMENT**

There is NO additional monthly charge for pets.



I/WE HEREBY AGREE TO FURNISH OWNER/MANAGEMENT A COPY OF THE TITLE OF THE MANUFACTURED HOME WITHIN THIRTY (30) DAYS OF POSSESSION OF SAID HOME. THE (OWNER) TITLE HOLDER MUST LIVE IN AND MAINTAIN SAID HOME.

I/We understand we are to give ample time for total processing of this application and that we are to contact this Office within seven working days regarding status of this application. I/We understand that we must sign an Eagle Ridge Community Rental Agreement before taking possession of said home.

Finally, I/We agree that if there is a change in any of the information contained in this application, we will notify the landowner or manager within ten (10) days of said change. The provisions of the agreement will continue even after the execution of a rental agreement.

No persons other than those specifically named on this application will be permitted to occupy the homesite without the written permission of the Owner/Management. Acceptance of this application by the Owner/Managmenet is the Applicant's notice of interest in renting the homesite, and gives the Owner/Management permission to check Applicant's references, obtain a credit report, and check criminal background. It shall not constitute a completed agreement to rent the homesite. All responsible parties must also sign a written RENTAL AGREEMENT.

I certify information on this application is correct and complete to the best of my knowledge.  
I understand the information on this application will be checked for accuracy.  
I authorize Owner/Management of Eagle Ridge Community to verify information I have given.  
I authorize above Owner/Management to request and receive a credit report in my name.  
I understand no criminal activity or disturbances of any kind are allowed on the premises.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT HISTORY REQUEST  
APPLICANT #1**

**FAX COVER SHEET**

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

FROM: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EAGLE RIDGE COMMUNITY  
1285 RED FOX WAY  
MARION, IA 52302  
(319)377-1400 FAX: (319)377-8644

NUMBER OF PAGES INCLUDING COVER SHEET: \_\_\_\_\_

REMARKS: *URGENT FOR YOUR REVIEW PER YOUR REQUEST PLEASE COMMENT*

The following applicant has recently applied for rental property with Eagle Ridge Community and would like your assistance in verifying his/her employment history provided on the application. Please provide the necessary information requested in order to expedite the process of this application. **Please fax completed form to Eagle Ridge Community at fax # 319-377-8644.**

**TO BE FILLED OUT BY EMPLOYER:**

APPLICANT: \_\_\_\_\_

START DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP

Verified By: \_\_\_\_\_ Title: \_\_\_\_\_

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

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I \_\_\_\_\_ authorize the owner of Eagle Ridge Community, or its agents, to  
Print Name verify the information provided above.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT HISTORY REQUEST  
APPLICANT #2**

**FAX COVER SHEET**

TO: _____	DATE: _____
ATTENTION: _____	FROM: _____
FAX NUMBER: _____	EAGLE RIDGE COMMUNITY 1285 RED FOX WAY MARION, IA 52302 (319)377-1400 FAX: (319)377-8644

NUMBER OF PAGES INCLUDING COVER SHEET: \_\_\_\_\_

REMARKS: *URGENT FOR YOUR REVIEW PER YOUR REQUEST PLEASE COMMENT*

The following applicant has recently applied for rental property with Eagle Ridge Community and would like your assistance in verifying his/her employment history provided on the application. Please provide the necessary information requested in order to expedite the process of this application. **Please fax completed form to Eagle Ridge Community at fax # 319-377-8644.**

**TO BE FILLED OUT BY EMPLOYER:**

APPLICANT: \_\_\_\_\_

START DATE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

Verified By: \_\_\_\_\_ Title: \_\_\_\_\_

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

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I \_\_\_\_\_ authorize the owner of Eagle Ridge Community, or its agents, to  
Print Name verify the information provided above.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

RENTAL HISTORY REQUEST

FAX COVER SHEET

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

FROM: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EAGLE RIDGE COMMUNITY  
1285 RED FOX WAY  
MARION, IA 52302  
(319)377-1400 FAX: (319)377-8644

NUMBER OF PAGES INCLUDING COVER SHEET: \_\_\_\_\_

REMARKS: URGENT FOR YOUR REVIEW PER YOUR REQUEST PLEASE COMMENT

The following applicant has recently applied for rental property with Eagle Ridge Community and would like your assistance in verifying his/her rental history provided on the application. Please provide the necessary information requested in order to expedite the process of this application. **Please fax completed form to Eagle Ridge Community at fax # 319-377-8644.** Thank You.

**TO BE FILLED OUT BY LANDLORD:**

APPLICANT(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

LEASE DATE: \_\_\_\_\_ TO: \_\_\_\_\_

RENTAL RATE: \$ \_\_\_\_\_

DID THE RESIDENT GIVE PROPER NOTICE?: YES \_\_\_\_\_ NO \_\_\_\_\_

DID THE RESIDENT FUFFILL THE LEASE AGREEMENT?: YES \_\_\_\_\_ NO \_\_\_\_\_

NUMBER OF NON-SUFFICIENT CHECKS (NSF's): \_\_\_\_\_

NUMBER OF LATE CHARGES: \_\_\_\_\_

DID THE RESIDENT HAVE A PET(S)?: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what kind of pet(s)? \_\_\_\_\_

DID THE RESIDENT HAVE A ROOMMATE(S)?: YES \_\_\_\_\_ NO \_\_\_\_\_

Would you lease to the Resident(s) again?: YES \_\_\_\_\_ NO \_\_\_\_\_

Verified By: \_\_\_\_\_ Title: \_\_\_\_\_

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

I \_\_\_\_\_ authorize the owner of Eagle Ridge Community, or its agents, to  
Print Name (s) verify the information provided above.

Applicant # 1 signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant # 2 signature \_\_\_\_\_ Date \_\_\_\_\_

**RENTAL AGREEMENT APPLICATION  
DISCLOSURE STATEMENT  
EAGLE RIDGE COMMUNITY**

The undersigned applicant hereby acknowledges receipt of the following:

**OWNER/MANAGER INFORMATION:**

The owner of Eagle Ridge Community is Brenton Communities Fund XI, Eagle Ridge, Cedar Rapids Iowa, LLC.

Persons authorized to act for and on behalf of the Owner for the purpose of service of process are employees and/or Management of Eagle Ridge Community.

**APPLICATION:**

The undersigned hereby applies for rental of a home-site in Eagle Ridge Community, Marion, Linn County, Iowa.

The undersigned has completed a standard application as supplied by the Management of Eagle Ridge Community.

The undersigned acknowledges receipt of a copy of the Guidelines of Eagle Ridge Community.

**AGREEMENT:**

The undersigned hereby agrees to furnish Management of Eagle Ridge Community a copy of the title of the manufactured home within thirty (30) days of possession of said manufactured home. The owner (title-holder) must live in and maintain said manufactured home and yard.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant # 1

\_\_\_\_\_  
Applicant # 2

\_\_\_\_\_  
Management, Eagle Ridge Community

## Important Information About Our Customer Identity Procedures

To help the government fight the funding of terrorism and money laundering activities, as well as to prevent identity theft, Federal law requires us to obtain, verify, and record information that identifies each customer.

What this means to you:

When you buy a home or complete an application to become a resident in our Community, we will ask for your name, address, date of birth, and other information that will allow us to verify your identity. We will also need to make a photocopy of your photo ID and taxpayer identification number (social security number).