



St. Andrews Apartments

1621 Pinehurst NE • Cedar Rapids, Iowa
Noon-6:00 M-Th • Noon-4:00 Fri • 9:00-Noon Sat
Office (319) 393-8375 • Fax (319) 743-7914
Web www.standrewscr.com

Please complete this application with all pertinent details. If accepted as a resident, this application will become part of the lease. **RETURN VIA FAX TO 319-743-7914 OR SEND TO 1621 PINEHURST DR. NE #2A.**

Application For Apartment

Date _____
Number or Type of Apartment for which Application is made: __1BR__2BR/1Bath__2BR/2Bath
Full Name: _____ Age: _____ Phone _____

Present Address: _____
City: _____ State: _____ Amount of Rent: _____ How Long? _____
Rent or Own? _____
Name of Apartments: _____ Landlord: _____
Phone: _____

Previous Address: _____
City: _____ State: _____ Amount of Rent: _____ How Long? _____
Rent or Own? _____
Name of Apartments: _____ Landlord: _____
Phone: _____

Employed by: _____ Address: _____
Employee Contact: _____ Phone: _____
Position: _____ Salary: _____ How Long? _____
Work Phone: _____

Drivers License Number: _____ Social Security Number: _____
Marriage Status: Married Single Divorced Other _____
Social Security Number(s): _____
Spouse's Name: _____ Age: _____
Employed by: _____ Social Security Number: _____
Will Anyone Other Than Those Listed Above Occupy Apartment With You? Yes No
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Vehicles:
Make: _____ Model: _____ Year: _____ Color: _____ License: _____
Make: _____ Model: _____ Year: _____ Color: _____ License: _____
Make: _____ Model: _____ Year: _____ Color: _____ License: _____



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Application For Apartment - Continued

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? _____

Referred To Project By: Friend (Name): _____

Locator Agency (Name): _____ Yellow Pages: _____

Newspaper (Name): _____ Just Stopped by _____

Other: _____

APPLICATION DEPOSIT

Referred To Project By:

Applicant has deposited herewith the sum of \$600 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. The 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: _____