



*Opening the doors of Johnson County*

322 E. 2<sup>nd</sup> St.  
Iowa City, IA 52240  
Office 319-358-9212  
Fax 319-358-0053

It is the intent of the Housing Fellowship to provide safe, decent, and affordable rental housing. All households must meet income guidelines and provide annual income verification. The information you provide on the application is confidential. Only information necessary to verify your references will be disclosed. You may be asked to sign a consent form.

Applicants are considered for housing based on current housing situation, housing references, income verification, ability and willingness to maintain property, date of application and date of unit availability. **It is your responsibility to inform our office of any change of address, phone number, Section 8 status, and household composition.** The most suitable applicant will be chosen for any particular unit. If the qualifications of every applicant reviewed for a unit are equal, the date of application will be considered.

If you are in a lease and interested in a Housing Fellowship unit, it is your responsibility to talk to your landlord to determine your landlord's willingness to mutually agree to end the rental agreement should a Housing Fellowship unit become available.

If you have any questions about the application or tenant selection process, please feel free to call The Housing Fellowship at 358-9212.

The Housing Fellowship is an equal opportunity housing provider. We do not discriminate according to race, creed, color, gender, national origin, religion, age, sexual orientation or disability. We look forward to serving you and your family members.



**The Housing Fellowship**  
*Opening the doors of Johnson County*

**HOUSING APPLICATION PROCESS**



**PLEASE READ BEFORE FILLING OUT THE APPLICATION**

1. **ALL INFORMATION ON THE APPLICATION MUST BE COMPLETE. INCOMPLETE APPLICATIONS WILL BE DENIED. DENIED APPLICANTS CANNOT RE-APPLY FOR 6 MONTHS.**
2. The Housing Fellowship processes the application (checks all references).
3. If applicant meets the tenant selection criteria, applicant is placed in the applicant pool and a letter of Approval is sent to applicant.
4. If application is **incomplete**, a letter of **Denial** is sent to applicant.
5. If applicant **does not** meet the tenant selection criteria, a letter of **Denial** is sent to applicant.
6. It is the applicant's responsibility to notify The Housing Fellowship of any changes in address, phone number, Section 8 status, and household composition.

**When a unit becomes available**

1. The applicant pool is reviewed.
2. Applicants are notified of the current or upcoming vacancy.
3. Applicants are chosen based on availability and appropriateness for the unit.
4. An offer to rent-up is made to the applicant.
5. If acceptable to applicant the lease-up procedure begins.
6. If an applicant declines the unit, an offer to rent is made to the next available applicant.
7. Units will not be held for applicants.

**Criteria for Tenant Selection**

- Applicant must meet income guidelines and provide written income verification.
- **Applicant must have a favorable history as a tenant (most recent 3 yrs), as verified through references.**
- **All information must be complete and accurate or applicant will be denied.**
- Living situation - homeless or at risk of being homeless, overcrowded or unsafe situation, availability to move.
- Ability and willingness to maintain property - i.e. yard maintenance, snow removal.
- Date of approval of application.

## Application for Rental Housing

**Bedroom Size Requested:** 2Bdrm \_\_\_\_\_ 3Bdrm \_\_\_\_\_ 4Bdrm \_\_\_\_\_

Applicant Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

**PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! DO NOT LEAVE ANY SPACES OR BLANKS. WRITE "NO OR N/A" WHERE APPROPRIATE. INCOMPLETE APPLICATIONS WILL BE DENIED.**

**PART I - FAMILY COMPOSITION - To be completed by applicant**

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

| Name <u>ALL</u> People to Occupy Unit<br>LAST NAME      FIRST      MI | DOB | Age | Sex | Relationship | Social Security # | Student?<br>"Yes" or<br>"No" | If "Yes"<br>PT or<br>FT |
|---|-----|-----|-----|--------------|-------------------|------------------------------|-------------------------|
| 1.  |     |     |     | HEAD         |                   |                              |                         |
| 2.  |     |     |     |              |                   |                              |                         |
| 3.  |     |     |     |              |                   |                              |                         |
| 4.  |     |     |     |              |                   |                              |                         |
| 5.  |     |     |     |              |                   |                              |                         |
| 6.  |     |     |     |              |                   |                              |                         |

Please complete the following questions:

- (1) Spouse's Maiden Name: \_\_\_\_\_
- (2) Do you expect any changes in the household composition in the next 12 months? \_\_\_\_\_  
\_\_\_\_\_
- (3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N \_\_\_\_\_ (please describe) \_\_\_\_\_  
\_\_\_\_\_
- (4) Do all of the above household members reside in the household 100% of the time? Y/N \_\_\_\_\_ If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_
- (5) Are all occupants' full time students? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please answer the following:
  - a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).

- b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? Yes \_\_\_\_\_ No \_\_\_\_\_
- c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or local laws? Yes \_\_\_\_\_ No \_\_\_\_\_
- d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).

---

**PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant**


---

- (6) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who \_\_\_\_\_  
Name of School(s): \_\_\_\_\_ Address: \_\_\_\_\_
- (7) Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ (date \_\_\_\_\_) Divorced \_\_\_\_\_ (date \_\_\_\_\_) Separated \_\_\_\_\_  
(date \_\_\_\_\_) Widowed \_\_\_\_\_ (date \_\_\_\_\_)

---

**PART II - HOUSEHOLD INCOME - To be completed by applicant**


---

For questions (8) through (29), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

- (8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash) \$ \_\_\_\_\_
- (9) Child support (include child support you are entitled to but may not be receiving) \$ \_\_\_\_\_
- (10) Alimony (include alimony you are entitled to but may not be receiving) \$ \_\_\_\_\_
- (11) Social Security \$ \_\_\_\_\_
- (12) Supplemental Security Income (SSI) \$ \_\_\_\_\_
- (13) Public Assistance - ADC, TANF, FIP, and/or Aid to Families w/Dependent Children (AFDC) \$ \_\_\_\_\_
- (14) Veterans Administration Benefits \$ \_\_\_\_\_
- (15) Pensions \$ \_\_\_\_\_
- (16) Annuities \$ \_\_\_\_\_
- (17) Unemployment Compensation \$ \_\_\_\_\_
- (18) Disability, Death Benefits and/or Life Insurance Dividends \$ \_\_\_\_\_
- (19) Workers' Compensation \$ \_\_\_\_\_
- (20) Severance Pay \$ \_\_\_\_\_
- (21) Net Income from a Business  
(Self Employment, including rental property, land contracts or other forms of real estate) \$ \_\_\_\_\_
- (22) Income from Assets \$ \_\_\_\_\_
- (23) Regular Contributions and/or Gifts from Person not residing at unit \$ \_\_\_\_\_
- (24) Lottery Winnings or Inheritances (paid as an annuity) \$ \_\_\_\_\_
- (25) All regular pay paid to members of the Armed Forces (Military Pay) \$ \_\_\_\_\_

- (26) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents) \$ \_\_\_\_\_
- (27) Long Term Medical Care Insurance Payments in excess of \$180.00 per day \$ \_\_\_\_\_
- (28) Other Income \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_
- (29) Total Gross Annual Income from Previous Year \$ \_\_\_\_\_

**PART III - ASSET INCOME - To be completed by applicant**

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

| YES   | NO    |  | CASH VALUE | BANK NAME  |
|---|-------|--|------------|------------|
| <b>Do You or Anyone in Your Household Have:</b> |       |  |            |            |
| (30) _____                                      | _____ | Savings Account?                                       | \$ _____   | Bank _____ |
| (31) _____                                      | _____ | Checking Account/<br>Debit Card/Demand Deposit Account | \$ _____   | Bank _____ |
| (32) _____                                      | _____ | Certificates of Deposit?                               | \$ _____   | Bank _____ |
| (33) _____                                      | _____ | Safe Deposit Box?                                      | \$ _____   | Bank _____ |
| (34) _____                                      | _____ | Trust Account?   | \$ _____   | Bank _____ |
| (35) _____                                      | _____ | Any Stocks or Securities?                              | \$ _____   | Bank _____ |
| (36) _____                                      | _____ | Any Treasury Bills?                                    | \$ _____   | Bank _____ |
| (37) _____                                      | _____ | Retirement Fund?<br>(Include IRA's, Keogh accounts)    | \$ _____   | Bank _____ |
| (38) _____                                      | _____ | Mutual Funds?  | \$ _____   | Bank _____ |
| (39) _____                                      | _____ | Savings Bonds?   | \$ _____   | Bank _____ |
| (40) _____                                      | _____ | Money Market Account?                                  | \$ _____   | Bank _____ |

**Do You or Anyone in Your Household:**

(41) \_\_\_\_\_ Do you or any other member of your household have any Whole or Universal Life Insurance Policies?  
Is so who is this listed with: \_\_\_\_\_

Cash Value \$ \_\_\_\_\_

(42) \_\_\_\_\_ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)?  
Cash Value \$ \_\_\_\_\_

**PART III - ASSET INCOME (CONTINUE) - To be completed by applicant**

(43) \_\_\_\_\_ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?

If yes, Type of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_

Mortgage or Outstanding loans balance due: \_\_\_\_\_

Amount of Annual Insurance Premium: \_\_\_\_\_

Amount of most recent tax bill: \_\_\_\_\_

(44) \_\_\_\_\_ Have you sold or disposed of any property in the last 2 years?

If yes, type of property: \_\_\_\_\_

Market Value when sold or disposed: \_\_\_\_\_

Amount sold or disposed for: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

(45) \_\_\_\_\_ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Where are Funds Held? \_\_\_\_\_

(46) \_\_\_\_\_ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?

If yes, describe the asset: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Amount disposed: \_\_\_\_\_

(47) \_\_\_\_\_ Do you have any other assets not listed above (excluding personal property)?

If yes, please list: \_\_\_\_\_

**PART IV - EMPLOYMENT HISTORY - To be completed by applicant**

(48) Head's Current Employer: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

(49) Head's Previous Employer: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

(50) Spouse Current Employer: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

(51) Other Applicant's Current Employer: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

**PART V – RENTAL HISTORY - To be completed by applicant**

(52) Residence History: Current &amp; Previous Landlords:

**Applicants must have favorable landlord references for the most recent 3 yrs. to qualify to rent from The Housing Fellowship.**

|                       |                  |            |                        |                    |
|-----------------------|------------------|------------|------------------------|--------------------|
| Current Address       |                  | Rent/Month | Utilities/Month        | Reason for Leaving |
|                       |                  |            |                        |                    |
| Landlord Name         | Landlord Address |            |                        | Landlord Phone     |
|                       |                  |            |                        |                    |
| When did you move in: |                  |            | When did you move out: |                    |
| Previous Address      |                  | Rent/Month | Utilities/Month        | Reason for Leaving |
|                       |                  |            |                        |                    |
| Landlord Name         | Landlord Address |            |                        | Landlord Phone     |
|                       |                  |            |                        |                    |
| When did you move in: |                  |            | When did you move out: |                    |
| Previous Address      |                  | Rent/Month | Utilities/Month        | Reason for Leaving |
|                       |                  |            |                        |                    |
| Landlord Name         | Landlord Address |            |                        | Landlord Phone     |
|                       |                  |            |                        |                    |
| When did you move in: |                  |            | When did you move out: |                    |

**PART VI - OTHER - To be completed by applicant**

- (53) Do you have full custody of your child (ren)? Explain the custody arrangements: \_\_\_\_\_
- (54) Would you or any members of your household benefit from a handicapped-accessible unit? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain: \_\_\_\_\_
- (55) Do you have a preference in your type of housing? Yes\_\_\_\_ No\_\_\_\_  
If yes, what do you prefer? \_\_\_\_\_
- (56) Do you have a neighborhood preference? Yes\_\_\_\_ No\_\_\_\_  
If yes, what neighborhood? \_\_\_\_\_
- (57) Have you ever been evicted? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain: \_\_\_\_\_
- (58) Have you ever filed for bankruptcy? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain: \_\_\_\_\_
- (59) Have you ever been convicted of a felony? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain: \_\_\_\_\_

**PART VII - OTHER (CONTINUE) - To be completed by applicant**

(60) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes \_\_\_\_\_ No \_\_\_\_\_

(61) Will you household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

(62) Have you ever received rental assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

(63) Will this be your only place of residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain: \_\_\_\_\_

(64) What is the condition of your current housing?  
Standard \_\_\_\_\_ Unsafe or Unhealthy \_\_\_\_\_ Living with Parents \_\_\_\_\_  
No Indoor Plumbing / Kitchen \_\_\_\_\_ Currently without Housing \_\_\_\_\_

**PART VIII - RESIDENT'S STATEMENT - To be completed by applicant**

(65) Do you have a legal right to be in the United States: (check one that applies)

- \_\_\_\_\_ Yes, because I am a United States Citizen
- \_\_\_\_\_ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)
- \_\_\_\_\_ No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a NonCitizen with eligible immigration status.

**PART IX – SPECIAL NEEDS - To be completed by applicant**

(66) Does anyone your household have special needs? (Y/N)\_\_\_\_\_

(67) Special living accommodations required? (Y/N)\_\_\_\_\_

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**PART X – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant**

---

| Name / Relationship | Address | Phone |
|---------------------|---------|-------|
|                     |         |       |
|                     |         |       |
|                     |         |       |

**PART XI - RESIDENT'S STATEMENT - To be completed by applicant**

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

Applicant(s) hereby understand and represent that (1) this application is complete and contains all material facts; and (2) if applicant(s) rent an apartment such rental may be canceled in the event that any statement or information furnished by the applicant is false.

Applicant's signature on the Application authorizes management to check the applicant's references including:

- Credit Report
- Income Verification
- Employment and or Student Verification
- Previous Landlords or Program Participation
- County Courthouse Records for Small Claims filed
- County Courthouse Records of Money Judgments
- Law Enforcement with jurisdiction over previous addresses
- Department of Public Safety Criminal Records
- Others as deemed pertinent for Application

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

\_\_\_\_\_  
Applicant Signature (Head) Date

\_\_\_\_\_  
Applicant Signature (Co-Head) Date

\_\_\_\_\_  
Other Applicant Signature Date

\_\_\_\_\_  
Other Applicant Signature Date

**To be completed by Owner / Property Manager:**

**OWNER'S STATEMENT:** Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident who's anticipated annual income for the next twelve months does not exceed:

For Initial Application: \$ \_\_\_\_\_ (Income Limit for Household Size)

Signature of Owner's or Developer's  
Authorized Representative: \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTARY INFORMATION**

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for residency with our company.

**Racial or Ethnic Group**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino         | <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Other                  |

**Gender**

- Female     Male

**Military Service**

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era  | <input type="checkbox"/> Vietnam Veteran  |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

**How did you hear about this housing opportunity?**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper   | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair    | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site                 |
| <input type="checkbox"/> Other _____ |   |   |

## Things you should consider before renting a house:



**Living in a house**, whether you rent or own it yourself, is a dream for many people. It can enrich your lifestyle by offering more space for you and/or family, as well as more opportunity for entertaining and doing hobbies. However, when people dream about living in a house, they sometimes envision the advantages-- but not the added responsibilities.

**When you live** in a multifamily dwelling, and many people do prefer to live in an apartment, you usually do not have to worry about such things as buying curtains, mowing the lawn, pulling weeds, paying for all the utilities and garbage services, or pest control. However, this is often the case if you live in a home. If you rent a home, you will have to take on added responsibilities for the added benefits.

**A landlord of a house** is responsible for providing tenants with fewer services than an apartment landlord. In addition, you will probably have to wait longer for repair personnel to arrive than is you live where on-site maintenance is available. As many long-time homeowners and renters will tell you, when you need a plumber or handyman, you must get in line with the rest of the customers.

**Before renting a house**, think about the following differences in apartment and house dwelling. Weigh the pros and cons carefully. Then decide if living in a house will provide you with what you want and need for yourself and/or your family. Also ask yourself if you have the commitment and willingness it takes to be a good house renter. Moving into a house and then realizing it is more than you can take care of might lead to an unfavorable landlord reference in the future.

### The advantages if living in a house can include the following:

- more living space for yourself and/or family
- garage or carport in which to park your car
- more storage space—closets, attic, shed, or garage
- yard for children to play in while you supervise them closely
- yard for planting—growing flowers or cultivating a garden
- quietude
- privacy
- security
- open spaces
- less crowded neighborhood
- place to do minor car repair work
- yard for BBQ and entertaining
- space for doing hobbies

**The responsibilities of living in a house can include the following:**

- shoveling snow from sidewalk, walkway, and driveway in winter according to City regulations
- mowing the lawn and raking leaves according to City regulations
- pulling weeds, trimming bushes, and cleaning gutters
- more house to keep clean—inside and out—more time spent and cleaning supplies necessary
- buying your own yard tools, such as mower, rake, shovel, ladder, etc.
- no on-site maintenance crew—longer wait for service
- providing your own curtains or blinds for windows
- Having higher utility bills (gas, electric, water, sewer & garbage)
- landlord not responsible for pest extermination
- having to replace your own outdoor light bulbs
- no on-site management available
- having to purchase your own garbage cans
- Cleaning gutters
- Changing screens and storm windows

**To be considered for housing by The Housing Fellowship you should be aware of the following facts:**

- 1) Tenants must maintain their own yards. This includes watering, lawn mowing, leaf raking, weed pulling, bush trimming, and rubbish removal.
- 2) Tenants must sign all necessary documents, pay the damage deposit, the first month's rent, and place all required utilities in their name before moving into the unit. We will not issue keys until all these things are completed.
- 3) Tenants must provide their own garbage cans.
- 4) Tenants who damage the unit due to negligence, misuse, or abuse, must pay for repairs.
- 5) Tenants must follow City snow removal regulations.
- 6) Tenants must change furnace filters regularly.
- 7) Tenants will not be provided with pest extermination services unless they live in a duplex or condo.
- 8) Tenants must keep gutters and downspouts free of debris.

---

Signature

Date

