

Kluck Apartments Office
2765 University Ave.
Dubuque, IA 52001

Phone: 563-556-2284
Fax: 563-556-2285



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Kluck Apartments!

Rental Application

Applicant Information

Name _____ Date of Birth ____/____/____ Marital Status _____
(First) (Middle) (Last) DD MM YYYY
Circle One:
Single Separated
Married Divorced

S.S # ____-____-____ Drivers License _____ State _____

Home Phone ____-____-____ Work Phone ____-____-____ Unit(s) of ____ University Avenue
Interest ____ Raven Oaks
____ Sundown Court

Cell Phone ____-____-____ Email: _____

Rental History

Present Address _____ Present Landlord _____
Street Address Apt/Unit
Landlord Phone ____-____-____
City State Zip Code Amount of Rent ____ Length of Time ____

Reason For Leaving _____

Previous Address _____ Previous Landlord _____
Street Address Apt/Unit
Landlord Phone ____-____-____
City State Zip Code Amount of Rent ____ Length of Time ____

Reason For Leaving _____

Additional Occupants

1) Name _____ Relation _____ Age _____ Occupation _____

2) Name _____ Relation _____ Age _____ Occupation _____

3) Name _____ Relation _____ Age _____ Occupation _____

Vehicle Information

1) Make/model _____ Color _____ License Plate _____

2) Make/model _____ Color _____ License Plate _____

Employment Information

Current Employer _____ Occupation _____

Supervisor _____ Supervisor Phone: ____ - ____ - ____

Employer Address _____
Street Address Suite/Unit Wages _____ /biweekly/monthly/yearly
Amount Circle One
City State Zip Code

Previous Employer _____ Occupation _____

Supervisor _____ Supervisor Phone: ____ - ____ - ____

Employer Address _____
Street Address Suite/Unit Wages _____ /biweekly/monthly/yearly
Amount Circle One
City State Zip Code

References

1) Name _____ Relation _____ Phone: ____ - ____ - ____

Address _____
Street Address Suite/Unit
City State Zip Code

2) Name _____ Relation _____ Phone: ____ - ____ - ____

Address _____
Street Address Suite/Unit
City State Zip Code

Emergency Contact

Name _____ Relation _____ Phone: ____ - ____ - ____

Address _____
Street Address Suite/Unit
City State Zip Code

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. Landlord reserves the right to disqualify tenant if information is not as represented.

By signing my name below I certify the above statements are true and correct, to the best my knowledge. I understand that this information can be used for the purpose of processing my application.

Signature _____

Date ____/____/____
DD MM YYYY