

MCSA (Muscatine Center for Social Action)
312 Iowa Avenue
Muscatine, IA 52761

MEN'S DORM APPLICATION

Please fill out this form completely and sign where indicated.

THIS SECTION TO BE COMPLETED BY MCSA staff

Amounts Due Prior to Occupancy:

| | |
|---|-----------------|
| Monthly Rent | \$350.00 |
| Security Deposit | \$350.00 |
| Pro-rated: \$11.51/night x _____ nights = | \$ _____ |
| TOTAL | \$ _____ |

APPLICANT

Full Name – including all names you use(d): _____

Cell Phone: (____) _____ Social Security Number: _____ - _____ - _____

Driver's License Number/State: _____ Plate # _____

Make _____ Model _____ Year _____ Color _____

RENTAL HISTORY

Current Address: _____

Dates Lived at Address: _____ Reason for Leaving: _____

Landlord: _____ Landlord Phone: (____) _____

Previous Address: _____

Dates Lived at Address: _____ Reason for Leaving: _____

Landlord: _____ Landlord Phone: (____) _____

EMPLOYMENT HISTORY

Name of Current Employer: _____

Address: _____

Name of Supervisor: _____ Supervisor's Phone #: (____) _____

Dates Employed: _____ Position/Title: _____

Name of Previous Employer: _____

Address: _____

Name of Supervisor: _____ Supervisor's Phone #: (____) _____

Dates Employed: _____ Position/Title: _____

INCOME

1. Your gross monthly employment income (before deductions): \$ _____

2. Average monthly amounts of other income (specify source): \$ _____

TOTAL: \$ _____

Copies of Proof of Income (to be put in permanent file) Yes ___ No ___

REFERENCES: Former employer, social worker, clergy, neighbor

Reference: _____

Address: _____ Phone #: (____) _____

Reference: _____

Address: _____ Phone #: (____) _____

EMERGENCY CONTACTS: Required

Contact in Emergency: _____

Address: _____

Home Phone _____ Cell _____

Contact in Emergency: _____

Address: _____

Home Phone _____ Cell _____

I certify that all the information given above is true and correct and understand that my rental agreement may be terminated if I have made any false or incomplete statement in this application. I authorize verification of the information provided in this application from my current and previous landlords, employers, and references.

MCSA staff contacts the Muscatine police department and/or the sheriff's department to check for any outstanding warrants. For the safety of residents and staff, MCSA reserves the right to request the police department and/or the sheriff's department to walk through the building with the Drug Task Force dog. Any indication of illegal drugs and/or paraphernalia will be cause for immediate eviction. Housing is not available for registered sex offenders.

Security deposit is returned if room passes inspection, no damages, and all personal belongings are taken.

Applicant's Signature

Date

MCSA Staff's Signature

Date

To be completed by MCSA Staff:

_____ Background check / sex offender

_____ Approved

_____ Warrant check

_____ Denied

_____ Reference check

_____ Emergency contact

_____ Copy of Policies / Procedures given to applicant