GOOD SHEPHERD RETIREMENT APARTMENTS
RENTAL APPLICATION

Name (Please print): _____
Last First Middle

Address: _____
Street & Number City State Zip

Phone Number: _____

Marital status: _____ Married _____ Widowed _____ Single _____ Divorce or Separated

Your Date of Birth: _____ Age: _____

Spouse's Date of Birth: _____ Age: _____

Are you a citizen of the United States? _____ Yes _____ No
If not, where? _____

How many years at your present address? _____ Own or rent? _____

Social Security Number: _____ Spouse's _____

Medicare Number: _____ Spouse's _____

Are you employed? _____Yes _____ No Full or part time: _____

Employer: _____

Address: _____

What has been your main occupation? _____

What are your special skills, hobbies, or interests: _____

_____

Do you have a personal physician? _____Yes _____ No

Physician's Name: _____

Address: _____

With what organization or company do you have health insurance with: _____

_____

Name and address of closest relative, (excluding spouse): _____

_____

In case of emergency of any kind who should be contacted?

_____

Name Address Phone Number

_____

Name Address Phone Number

List 3 personal references:

_____

Name Address Phone Number

_____

Name Address Phone Number

_____

Name Address Phone Number

Do you have a car: _____Yes _____No

I (we) are interested in: (Indicate first and second choice)

_____ Efficiency apartment _____ One Bedroom

Here is my formal application for an apartment at Good Shepherd Retirement Apts. I understand, if I qualify, I may be called for a personal interview. I certify that all the information I have given above is true and correct. Furthermore, I grant permission for all the information included to be used by the admission committee in considering my application.

Signed: _____ Date: _____

Iowa Division of Criminal Investigation
Criminal History Record Check Request Form

DCI Account number (if applicable)

REQUESTOR INFORMATION PLEASE WRITE CLEARLY

Name (business or individual)

Mailing address (street/PO Box, city, state, zip code)

Phone number

Fax number

Email address

I would like the results sent to me by: ◯ Mail ◯ Fax ◯ Email

I am required to have the results notarized: ◯ Yes ◯ No ***for specific requirements in another country only.**

SUBJECT OF REQUEST INFORMATION.

Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of _____ **a search of the information provided revealed:**

◯ **NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI**

◯ **AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#** _____

Processed by _____

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: dcirecordchecks@dps.state.ia.us

QUESTIONS: dcirecordchecks@dps.state.ia.us