

NEW TENANT LEASE INFORMATION

Mail or drop off rent checks to:
Apartments Near Campus
318 1/2 E. Burlington Street
Iowa City, IA 52240
(319) 351-7676

Office hours: 1PM-4PM Mon-Fri
There is a drop box in the door on the east side of the office. (Available 24 hours a day.)
Lease Year 2009-2010

YOUR NEW MAILING ADDRESS:

INTERNET COPY

APT # _____ IOWA CITY, IA 5224 _____

CABLE & INTERNET ARE INCLUDED WITH RENT (call for technical support as needed)
EXPANDED BASIC CABLE

- ◆ **Mediacom** **1-319-351-3984 or 1-800-332-0245**
- INTERNET SERVICE** (varies by location, provided by one of the following :)
- ◆ **Mediacom** (requires **DOCSIS 2.0 Lab Certified** cable modem) **1-877-387-8087**
- ◆ **TTS, LLC** www.iowahotspot.net (requires 802.11 b/g/turbo wireless card) **1-319-248-3569**

CALL EARLY TO MAKE AN APPOINTMENT FOR UTILITY HOOK UPS!

(Billing for your service should start the 1st day of the lease regardless of move-in date)

* If Tenants do not have utilities in their name from the first day of the lease through the last, they will incur a \$10/day fine and a \$50/month service charge.

ELECTRICITY (SEE LEASE) (and gas where applicable)

- ◆ **MidAmerican Energy** www.midamericanenergy.com **1-888-427-5632**

WATER / SEWER (SEE LEASE) (Only where applicable)

- ◆ **Iowa City Utilities** www.icgov.org/utilities/water.asp **1-319-356-5066**

NOTE: Water deposit (\$80) required by Iowa City Water – Bring proof of payment to Apartments Near Campus in order to pick up keys!

- ◆ **KEYS:** Keys may be picked up on the **STARTING DATE** of your lease at the office.
(Consult your lease & addendum for further details)

- ◆ **OFFICE HOURS:** **Monday – Friday 1 PM – 4 PM** (subject to change)
For leases beginning on Saturday or Sunday, please contact the office the Friday prior to verify office hours.

- ◆ **ONE ROOMMATE** may pick up the keys for the **ENTIRE** apartment without written permission.
(Please notify the other roommates if you will be doing this.)

- ◆ **ONLY THE TENANTS SIGNED ON THE LEASE CAN PICK UP KEYS!**
(Please notify the office in writing to authorize a friend or family member to pick up your keys.)

TERM OF LEASE: Starting: _____ 2009 at 4:00 PM
Ending: _____ 2010 at 7:00 AM
(Tenants should consult their lease for actual starting/ending dates)

RENT: (Must be paid with **ONE CHECK** per apartment.) There is a **\$15 bookkeeping fee** for each additional payment.

MONTHLY RENT: \$ _____ (If rent is paid **ON OR BEFORE** the 1st of the month.)
(Tenants should consult lease for actual rent)
Late fees of **\$10.00** per day will be assessed as of the 2nd of the month.

CHECK PAYABLE TO: ANC or Apartments Near Campus

IN MEMO LINE OF CHECK, PLEASE WRITE APT # _____ (to insure proper credit.)

INSPECTION FORMS:

INTERNET COPY

- ◆ Please fill out the **CHECK-IN INSPECTION FORM** before moving anything into the apartment.
- ◆ **CHECK-IN FORMS** must be returned to the office within **3 DAYS** of when keys are picked up!