

Application for Rental

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT- All information must be completed. All blanks must be filled in. The decision to rent to you will depend greatly on your references. Only responsible people who pay rent on time need apply.

How did you find out about us?

Newspaper _____ Friend _____ Other _____

Date of desired occupancy _____

YOUR PERSONAL INFORMATION

Full Name _____ Phone (____) _____ Work Phone (____) _____

Social Security Number ____-____-____ Current Driver's License # _____ State _____

Present Address _____ City _____ State _____ Zip _____

How Long? _____ If renting, Apartment name/location _____ Phone (____) _____

Landlord/Manager name _____ Alternative Phone (____) _____

Why are you leaving? _____

Current Rent \$ _____

Previous Address _____ City _____ State _____ Zip _____

How long? _____ If renting, Apt. name/location _____ Phone (____) _____

Landlord/Mgr's name _____ Alternative Phone (____) _____

Why did you leave? _____

Rent Payment \$ _____

Present employer _____ Position _____ How long? _____

Address _____ Phone (____) _____

Gross Monthly Income before deductions \$ _____ Other Income \$ _____ Source _____

Former Employer _____ Position _____ How long? _____

Address _____ Phone (____) _____

Why did you leave? _____

PERSONAL HISTORY

Have you ever been evicted? YES NO

If yes, explain _____

Have you ever had a foreclosure / repossession? Yes No

If yes, explain _____

Have you ever filled for bankruptcy? Yes No Chapter 7 Chapter 13

If yes, explain _____

Have you ever been convicted of a crime, other than a traffic violation? Yes No

If yes, explain _____

PERSONAL REFERENCES

(List 4 persons, OTHER THAN YOUR RELATIVES, that we may contact to verify your character.)

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

EMERGENCY

(In an emergency you may contact- List 2 starting with nearest relative first.)

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

OTHER INFORMATION

(Other persons, who will live in the dwelling unit, include children)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

PETS

Name _____ Type _____ Weight _____

Name _____ Type _____ Weight _____

***NOTE: No pets are allowed at any time on the premises without prior Management consent, and NO PETS OVER 15 POUNDS ARE ALLOWED, NO EXCEPTIONS.**

LIST ALL MOTOR VEHICLES, INCLUDING RECREATIONAL TO BE KEPT AT THE PROPERTY

<u>MAKE</u>	<u>COLOR</u>	<u>MODEL</u>	<u>YEAR</u>	<u>LICENSE PLATE #</u>	<u>STATE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I declare that this application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

Applicant's Authorization

Date

Co-Applicant's Authorization

Date

Manager and Owner Disclosure

The manager of the premises is Brent & Jacquie Kreiling, 2024 Sidney Draw Road #70, Sidney, NE 69162, (308) 254-2877. The owner of the premises or a person authorized to act for and on behalf of the owner for the purpose of service or process and receiving and receipting for notices and demands is disclosed as Brent & Jacquie Kreiling, 2024 Sidney Draw Road #70, Sidney, NE 69162, (308) 254-2877.

Do not write below this line - This section to be completed by interviewer

Credit Report: (Favorable/Unfavorable) _____

Other Comments: _____

Deposit: _____ Option: _____ Monthly rent _____

Term of Lease: _____ months

Move in date: _____ Lease Expires: _____ Number of keys _____

Total number of Occupants _____ Separate Pet Deposit (if any) _____

Utilities to be paid by Tenants: (GAS _____) (ELECTRIC _____) (WATER _____)

Trash pick up (If applicable) _____