

RENTAL APPLICATION

M.R.M. 511 TURNER Blvd OMAHA, NE 68105 402-342-2322 OMAHAMIDTOWN@GMAIL.COM

I/WE hereby make application to rent _____
FULL NAME: _____ D.O. B: _____
SOCIAL SECURITY #: _____
EMAIL ADDRESS _____ PHONE: _____
CURRENT ADDRESS: _____ HOW LONG? _____
PREVIOUS ADDRESS (if less than 2 years): _____
LANDLORD NAME: _____ LANDLORD PHONE: _____
MAY WE CONTACT LANDLORD? _____ MONTHLY RENT: _____
CURRENT EMPLOYMENT: _____ HOW LONG? _____
PHONE: _____ SUPERVISOR: _____

*****CO-APPLICANT INFO****

FULL NAME: _____ D.O. B: _____
SOCIAL SECURITY #: _____
EMAIL ADDRESS _____ PHONE: _____
CURRENT ADDRESS: _____ HOW LONG? _____
PREVIOUS ADDRESS (if less than 2 years): _____
LANDLORD NAME: _____ LANDLORD PHONE: _____
MAY WE CONTACT LANDLORD? _____ MONTHLY RENT: _____
CURRENT EMPLOYMENT: _____ HOW LONG? _____
PHONE: _____ SUPERVISOR: _____

REASON FOR MOVING: _____ CO-APP _____
HAVE YOU GIVEN WRITTEN NOTICE TO LANDLORD OF MOVE? _____ CO-APP _____
WHO WILL OCCUPY THIS RESIDENCE? Names and ages _____
DO YOU HAVE ANY ANIMALS? _____
HOW MANY VEHICLES WILL REGULARLY BE AT THIS LOCATION? _____
EMERGENCY CONTACT: name, telephone number and relationship: _____

Have you ever been asked to move out or evicted? __yes__ __no__ CO-APP __yes__ __no__
Been sued for damage to a rental unit __yes__ __no__ CO-APP __yes__ __no__
Broken a rental agreement or lease? __yes__ __no__ CO-APP __yes__ __no__
Declared bankruptcy? __yes__ __no__ CO-APP __yes__ __no__
Been convicted of a felony? __yes__ __no__ CO-APP __yes__ __no__

I/We hereby state that this information is complete and accurate. I/We understand that in the event a lease is entered into, it may be cause for this lease to be terminated by the Landlord if any of the information provided in this application is materially inaccurate or incomplete. I/We authorize the Landlord and/or its agent to verify the information provided herein. Acceptance or rejection of the applicant(s) shall be based upon the information furnished and the availability of the premises and the Landlord/owner/management company shall have the absolute discretion to accept or reject this application. If this application is accepted and the applicant is notified, I/We agree to deposit a security deposit for the rental unit within two (2) days of notification of acceptance. I/We agree to sign the lease within seven (7) days of notification. If these conditions are not met, the landlord/and or management company has no obligation to me/us and may lease the premises to any other applicant they may choose. I/We are the only person(s) who will reside at the premises if this application is approved. I/We agree to fee of \$15.00 per applicant to the landlord/management company for a credit check, and this fee is non-refundable, irrespective of any acceptance or denial of application.

Signed APP _____ CO-APP _____
DATE _____ DATE _____