



5000 Central Park Dr. #204 Lincoln, NE 68504  
Phone: (402) 465-8911 Fax: (402) 465-8912

[www.HIPRealty.com](http://www.HIPRealty.com)

**Co-Signer APPLICATION**  
\*This application must be returned within 48 hrs. or the apartment may be returned to the market.\*

Today's Date: \_\_\_\_\_  
Person I am Co-Signing for: \_\_\_\_\_  
Address being rented is: \_\_\_\_\_

*"All information must be complete and signatures are required along with a (non-refundable) application fee in the amount of \$35.00 from each applicant and co-signer before acceptance of this application will be considered."*

**PLEASE TELL US ABOUT YOURSELF**

FULL NAME \_\_\_\_\_ Hm Ph: \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security No. \_\_\_-\_\_\_-\_\_\_ Cell Ph: \_\_\_\_\_  
Driver's Lic. No. & State \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Other Occupants: Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
Age 19 or over? \_\_\_\_\_ Age 19 or over? \_\_\_\_\_ Age 19 or over? \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
Any Pets? \_\_\_\_\_ If so, what type and how many? \_\_\_\_\_

**PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)**

**Current Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Do you rent or own? \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Pmt. \_\_\_\_\_  
**Previous Address** (if within 3 years) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Rent \_\_\_\_\_  
**Previous Address** (If within 3 years) \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Rent \_\_\_\_\_

**PLEASE GIVE YOUR EMPLOYMENT INFORMATION**

YOUR STATUS: \_\_\_Self Employed \_\_\_Employed Full-Time \_\_\_Employed Part-Time \_\_\_Student \_\_\_Retired \_\_\_Not Employed  
\*\*\*If you are self employed, you must provide a copy of your most recent tax return for proof of income.  
CURRENT EMPLOYER (or Most Recent) \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Date(s) Employed / From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_ Household Gross Monthly Income \_\_\_\_\_  
PREVIOUS EMPLOYER \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Date(s) Employed / From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could call for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.  
Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

**MISCELANEOUS INFORMATION**

HAVE YOU EVER:  
Been evicted or asked to move out? \_\_\_Yes \_\_\_No  
Been sued for damage to rental property? \_\_\_Yes \_\_\_No  
Been convicted of a felony? \_\_\_Yes \_\_\_No  
Been sued for non-payment of rent? \_\_\_Yes \_\_\_No  
Broken a rental agreement or lease? \_\_\_Yes \_\_\_No  
Declared bankruptcy? \_\_\_Yes \_\_\_No  
If so please explain \_\_\_\_\_

CONTINUED OVER

CO-SIGNER APPLICANT NAME \_\_\_\_\_

Please give any additional information that might help management evaluate your application:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

IN CASE OF PERSONAL EMERGENCY, NOTIFY: _____		Relationship: _____
Full Address: _____		
Home Phone: _____	Cell Phone _____	Work Phone _____

**NOTE:** Applicant understands that by signing this application, applicant authorizes Management to remove this rental unit from the rental market. Applicant is legally obligated for the rental unit, and will be held responsible accordingly. **IF I SHOULD CANCEL THE APPLICATION, THE ENTIRE DEPOSIT WILL BE RETAINED AS TERMINATION CHARGES. APPLICANT WILL BE RESPONSIBLE FOR RENT FROM DATE OF MOVE-IN OR UNTIL UNIT HAS NEW RESIDENT RESIDING IN IT, WHICHEVER COMES FIRST.** All cancellations must be in writing. If the applicant is declined, the deposit may be refunded. This application must be filled out **COMPLETELY AND ACCURATELY.** I understand that in the event a lease is entered into, it may be canceled by the landlord if any of the information provided in the application is materially inaccurate or incomplete. Management reserves the right to cancel this application if application is unable to have utilities placed in their name.

By signing this application, I authorize the Landlord or Landlords' agents to verify above information such as employment, monthly income, and past residential history. Verification or re-verification of any information contained in the application will be retained by the landlord. Any person or entity identified on this application or holder of public record is hereby instructed to release information regarding the application, my credit, tenant, check writing histories and or my criminal record to HIP/ Holroyd Investment Properties Inc. (402) 465-8911. Agencies used by HIP/ Holroyd Investment Properties to acquire this information may include, but are not limited to, Experian (TRW) Credit Services, Equifax/Capital CSC Credit Services, TeleCheck, and/or any law enforcement agency. Upon request, HIP/ Holroyd Investment Properties will provide the name and phone number of any outside agency used in the verification process.

When a Co-Signer is required, the Co-Signer Application must be filled out completely, signed and delivered to our office within 48 hours of being informed. If the Co-Signer Application is not received within a 48 hour period, the subject unit applied for may be put back on the market.

Resident acknowledges and consents that he/she understands that HIP/ Holroyd Investment Properties Inc. is the Common Law agent for the owner, and as such resident is a customer, not a client of HIP/ Holroyd Investment Properties Inc.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Employee \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT: PLEASE DO NOT WRITE BELOW**

Application Fee Received: \$ \_\_\_\_\_ Pd. W/Ck. # \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Deposit Received: \$ \_\_\_\_\_ Pd. W/Ck. # \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Reference Verification Name	Reference Comments
Landlord:	_____
_____	_____
Employer:	_____
_____	_____
Credit Report:	_____
Point Score:	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS APPLICATION \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED

BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

Applicant Notified by (Name) \_\_\_\_\_ Date Notified \_\_\_\_\_

Notified by: \_\_\_\_\_ LETTER (Attach Copy) \_\_\_\_\_ FORM \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ IN PERSON