



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

RENTAL APPLICATION

Co-Signer must complete a separate Co-Signer Application Form if applicable

IF WAITING LIST: Please be specific	
Today's Date: ___/___/___	Size Needed: _____
Move In Date: ___/___/___	Price Range: \$ _____
1st Property Choice: _____	
2nd Property Choice: _____	
3rd Property Choice: _____	
Other Specifics: _____	

"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 (if applicable) before acceptance of this application will be considered."

Application Fee \$35.00/each • Security Deposit \$ _____ • Monthly Rent \$ _____

The undersigned hereby makes application to rent at: _____
 beginning on ___/___/___ at a monthly rental rate of \$ _____ Agent: _____

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 ___/___/___ Monthly Rent: \$ _____ Reason for Leaving: _____
 Landlord _____ Phone: _____ Fax: _____

Previous Address _____ City _____ State _____ Zip _____
(If within 3 years)
 Month & Year Moved In ___/___/___ Monthly Rent: \$ _____ Reason for Leaving: _____
 Landlord _____ Phone: _____ Fax: _____

Previous Address _____ City _____ State _____ Zip _____
(If within 3 years)
 Month & Year Moved In ___/___/___ Monthly Rent: \$ _____ Reason for Leaving: _____
 Landlord _____ Phone: _____ Fax: _____

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 _____ Fax () _____
 Supervisor _____ Gross Monthly Salary _____ Position _____

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 _____

HAVE YOU EVER:

Been evicted or asked to move out? _____ Yes _____ No	Been sued for non-payment of rent? _____ Yes _____ No
Been sued for damage to rental property? _____ Yes _____ No	Broken a Rental Agreement or Lease? _____ Yes _____ No
Been convicted of a felony? _____ Yes _____ No	Declared Bankruptcy? _____ Yes _____ No
	If so please explain _____

CONTINUED OVER

APPLICANT NAME _____

MISCELANEOUS INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____

Make/Model _____ Year _____ Color _____ TagNo./State _____

Make/Model _____ Year _____ Color _____ TagNo./State _____

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