

A non-refundable application administration fee will be charged upon completion of this application.

Initial Application Fee \$50.00  
Additional Adult \$50.00

The deposit must be paid at time of applying.

## RENTAL APPLICATION



www.nebraskaris.com

**Application fee MUST be separate from deposit.**

Check or Money Order Only  
App/admin fee may be paid in cash

**Photo ID Required**

**Nebraska Real Estate Investment Solutions, Inc. 6121 S. 58<sup>th</sup> Street, Suite A, Lincoln, NE 68516  
(402) 435-5000 Fax (402) 435-5022**

**Address I am applying for** (address & apt #) \_\_\_\_\_ **Agent:** Stephanie

1. **Legal Name** \_\_\_\_\_  
First Middle Last

**Other Names Used** \_\_\_\_\_

Soc Sec # \_\_\_\_\_ DOB \_\_\_\_\_ Dr Lic # \_\_\_\_\_ State \_\_\_\_\_

Applicant Phone # ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Spouse** \_\_\_\_\_  
First Middle Last

**Other Names Used** \_\_\_\_\_

Soc Sec # \_\_\_\_\_ DOB \_\_\_\_\_ Dr Lic # \_\_\_\_\_ State \_\_\_\_\_

Applicant Phone # ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

2. **Current Address** \_\_\_\_\_ Landlord Phone # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord Address \_\_\_\_\_

How Long \_\_\_\_\_ Current Rent \_\_\_\_\_ Has proper notice been given? Yes \_\_\_ No \_\_\_

Current Landlord/Mortgage Lender \_\_\_\_\_ Reason for Moving \_\_\_\_\_

### 3. PREVIOUS ADDRESS

Rental Address/Zip Code	Dates Occupied	Landlord	Landlord Phone	Landlord Address
-------------------------	----------------	----------	----------------	------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. **Please list all states you have ever resided in:** \_\_\_\_\_

### 5. 1<sup>ST</sup> PERSON INCOME (while residing in a Nebraska RIS managed property)

Current Employer \_\_\_\_\_ Employer Address/Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Gross Income \_\_\_\_\_/year \$ \_\_\_\_\_/month

### 6. SPOUSE INCOME (while residing in a Nebraska RIS managed property)

Current Employer \_\_\_\_\_ Employer Address/Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Job title \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Gross Income \_\_\_\_\_/year \$ \_\_\_\_\_/month

**Other Income: Source** \_\_\_\_\_ **Amount \$** \_\_\_\_\_/month

**7. LEGAL NAMES OF ALL PEOPLE THAT WILL OCCUPY UNIT INCLUDING YOURSELF AND MINORS**

Name	Relationship	Age	Name	Relationship	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. How did you hear about us? \_\_\_\_\_

**9. PERSONAL HISTORY**

Have you ever been charged with or convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what year? \_\_\_\_\_

Are you a registered sex offender? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what kind \_\_\_\_\_ Weight \_\_\_\_\_

**We require a photo & vet verification of breed letter for all dogs** If dog, what breed \_\_\_\_\_

Have you been asked to move out or been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what year? \_\_\_\_\_

If you answered yes to any of these questions, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. **Desired Move In Date:** \_\_\_\_\_ This date is not guaranteed. We will confirm with you an official move in date once your application has been approved.

**11. IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_ Relationship \_\_\_\_\_

12. **VEHICLE(S)** Make/Model \_\_\_\_\_ Make/Model \_\_\_\_\_  
 Year \_\_\_\_\_ Year \_\_\_\_\_  
 Color \_\_\_\_\_ Color \_\_\_\_\_  
 Lic Plate # \_\_\_\_\_ Lic Plate # \_\_\_\_\_

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 the application should be canceled after two business days from the date application is submitted, the ENTIRE deposit will be retained as termination charges. All cancellations must be in writing. If the application is declined, the deposit will be refunded. I also understand that PETS ARE NOT ALLOWED UNLESS WITH WRITTEN CONSENT FROM THE LANDLORD. By signing this application, I declare that all of my responses are true and complete, and I authorize Nebraska RIS, Inc. to verify above information through a consumer-reporting agency. This agency is *Tenant Data Services, Inc.* (402) 934-0088. The function of this agency is to track and maintain records, such as your resident conduct and personal credit history. *Tenant Data Services, Inc.* will also obtain a credit report on all applicants. Management reserves the right to refund the deposit of any applicant who is not approved. Applicant authorizes current/previous employer and landlord to release information as requested by Real Estate Investment Solutions, Inc. for purposes of this application. Any false information or statement on this application can lead to rejection of your application or immediate termination of your lease. When a Co-signer is required, the Co-signer application must be filled out completely, signed and delivered to our office within 24 hours of being informed. If the Co-Signer application is not received within a 24 hour period, the unit applied for will be put back on the market.

**APPLICANT SIGNATURES BELOW :**

➡ SIGNATURE: \_\_\_\_\_  
 DATE : \_\_\_\_\_  
 ➡ SIGNATURE: \_\_\_\_\_  
 DATE : \_\_\_\_\_

**OFFICE USE ONLY :**

RCVD BY : \_\_\_\_\_ UTILITIES: G \_\_\_ E \_\_\_ W \_\_\_ T \_\_\_  
 DATE/TIME : \_\_\_\_\_ POSSESSION DATE \_\_\_\_\_  
 APP FEE PD : \_\_\_\_\_ RENT\$ \_\_\_\_\_ DEPOSIT\$ \_\_\_\_\_  
 DEPOSIT PD: \_\_\_\_\_ APP FEE \$ \_\_\_\_\_ LEASE TERM \_\_\_\_\_

**NEBRASKA REAL ESTATE INVESTMENT SOLUTIONS, INC.**  
 6121 S. 58<sup>th</sup> Street – Suite A (402) 435-5000  
 Lincoln, NE 68516

**RESIDENCY VERIFICATION FORM**

To Whom It May Concern:

This letter gives you permission to disclose the following information to Nebraska RIS, Inc. This form is necessary for the completion of my application. I would appreciate your cooperation in returning this information as soon as possible.

Thank you.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Applicant's Name \_\_\_\_\_

Applicant's Address (Street, City, State & Zip) \_\_\_\_\_

Please list any other names of leases: \_\_\_\_\_

Lease Start Date \_\_\_\_\_ Lease End Date \_\_\_\_\_ Proper Notice given? \_\_\_ Yes \_\_\_ No

Amount of rent paid by applicant. \_\_\_\_\_ Is tenant being evicted? \_\_\_ Yes \_\_\_ No

Rent paid on time. \_\_\_ Yes \_\_\_ No If late, how many times in the last 6 months? \_\_\_\_\_

Any outstanding balance owed? \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Amount

NSF's? \_\_\_ Yes \_\_\_ No If yes, how many? \_\_\_\_\_

Pets? \_\_\_ Yes \_\_\_ No

Number of occupants? \_\_\_\_\_ Has tenant had bedbugs? \_\_\_ Yes \_\_\_ No

Were/Are there any lease violations or complaints about this tenant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Given the opportunity, would you rent to this tenant again? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain. \_\_\_\_\_

Are you related to the applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Verifier or position held \_\_\_\_\_

**\*\*PLEASE RETURN AS SOON AS POSSIBLE\*\***

**NEBRASKA REAL ESTATE INVESTMENT SOLUTIONS, INC.**

**PHONE (402) 435-5000**

**FAX (402) 435-5022**

**THANK YOU!**