

**CO-SIGNER
RENTAL APPLICATION**



www.nebraskaris.com

A Non-Refundable Application Fee Will
be Charged Upon Completion of this
Application: \$50.00 per adult

OFFICE USE ONLY

Received By: _____
Date _____ Time _____

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

CO-SIGNER QUALIFICATIONS

- You must be over the age of 18.
- Within the last year you must show at least six months of verifiable, good rental history from an unbiased source or ownership of a home.
- You must have good credit history that is well established.
- Your income must exceed \$24,000 per year or 5 times the applicant's annual rent, whichever is greatest (e.g. \$500.00 rent+\$30,000 in annual income required for co-signer).
- You are being asked to guarantee this lease. If the tenant does not pay the rent, you will be held responsible financially for this agreement. If you accept this responsibility, please be sure you can afford it.
- COSIGNER APPLICATIONS MUST BE TURNED IN WITHIN 24 HOURS OF A COSIGNER BEING REQUESTED.**

Rental Address _____ **Name of Person Cosigning for:** _____

1. **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/Mortgage _____

Current Landlord/Mortgage Lender _____

PREVIOUS ADDRESS

Rental Address/zip code	Dates Occupied	Landlord	Landlord Phone	Landlord Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. 1ST PERSON INCOME

Current Employer _____ Employer Address _____ Zip: _____

Phone # () _____ Job Title _____ Date Employed _____

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

4. SPOUSE INCOME

Current Employer _____ Employer Address _____ Zip: _____

Phone # () _____ Job Title _____ Date Employed _____

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

Other Income: Source _____ **Amount \$** _____ **/month.**

By signing this application, I declare that all of my responses are true and complete and I authorize Nebraska Real Estate Investment Solutions, Inc. to verify above information such as employment, financial information and past residential history. Any person or entity identified on this application is instructed to release information regarding this application to Nebraska RIS and/or 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. Any false information or statement on this application can lead to rejection of your application or immediate termination of your lease.

NOTE TO CO-SIGNER/GUARANTOR: You are being asked to guarantee this lease. If the tenant does not pay rent, you will be responsible for paying rent. Be sure you want to accept this responsibility and can afford to pay rent for the applicant if necessary. You may have to pay the full amount of rent if the tenant does not pay. You may also have to pay late fees and for damages which may increase this amount. Nebraska RIS, Inc. can use the same collection methods against you that can be used against the tenant. If the lease is ever broken and the account goes to collection it may be reflected on your record.

Co-signer guarantees payment of rent, and all other charges under the agreement and shall, with the tenant, perform the obligations required of tenant. Unless released in writing by Landlord, co-signer's obligation hereunder shall continue through the date when tenant's obligation to pay rent ceases.

Applicant's Signature _____ Date _____
Applicant's Signature _____ Date _____

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Applicant's Name _____

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

Lease Start Date _____ Lease End Date _____

Amount of rent paid by applicant. _____

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

NSF's? Yes No If yes, how many? _____

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. _____

Name of verifier and position held _____

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

Real Estate Investment Solutions

PHONE (402)435-5000

FAX (402) 435-5022

THANK YOU!