

THE SLATE – RENTAL APPLICATION



The Slate On Nineteenth
 119 N 19th
 Omaha, NE 68102
 Phone: 402.345.1530
 E-mail: info@theslateomaha.com



Applicant First, Middle, Last Name:		Primary phone number:	
Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Secondary phone number:	
Social Security #	Driver's License # (copy of ID required)	State:	Date of Birth:
Are you applying as a co-signer? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO			

List of all others who will be occupying the apartment		
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:

RENTAL/MORTGAGE INFORMATION * MUST HAVE 2 YEARS OF CONTINUOUS HISTORY *

Applicant's Present Address (mark one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other: _____				
Present Street Address:	Apt. #	City:	State:	Zip:
Present Property/Landlord/Mortgage Company:	Monthly rent or mortgage: \$	Dates From: _____ To: present		
Address of Landlord/Mortgage Co.:	Phone # for Landlord/Mort. Co	Is current landlord a relative? <input type="checkbox"/> Y <input type="checkbox"/> N Relationship?		
Is your lease/mortgage in any other name? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain:	What is your reason for moving?			
Applicant's Previous Address (mark on) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other: _____				
Previous Street Address:	Apt. #	City:	State:	Zip:
Previous Property/Landlord/Mortgage Company:	Monthly rent or mortgage: \$	Dates From: _____ To: _____		
Address of Landlord/Mortgage Co.:	Phone # for Landlord/Mort. Co	Is current landlord a relative? <input type="checkbox"/> Y <input type="checkbox"/> N Relationship?		
Is your lease/mortgage in any other name? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain:	What is your reason for moving?			
Have you ever been threatened with an eviction or been evicted? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain:				

EMPLOYMENT INFORMATION **list 2 years of history – proof of income required**

Applicant's Present Employer and Employer Address:			City/State/Zip	
Current Position/Job Title	Yearly Gross Income \$	Employed since From:	To: Present	Work Phone #
Supervisor's Name:		List other income source & amount: \$		
Applicant's Previous Employer and Employer Address:			City/State/Zip	
Previous Position/Job Title	Yearly Gross Income \$	Employed since From:	To:	Work Phone #
Supervisor's Name:				

MISCELLANEOUS INFORMATION

How many vehicles (including company cars) would you keep at this address?

Make	Model	Year	Color	License Plate # & State Issued

In case of emergency, notify (contact does not occupy the apartment) :		Relationship:
Primary Phone #	Secondary Phone #	Address

We do NOT insure your personal property. Do you presently have personal property insurance? ___ Yes ___ No
Residents with Water beds or aquariums MUST show proof of a minimum \$10,000 coverage

Pet: Yes No Type & Description: Size at full growth:

APPLICATION FEE

Applicant has submitted the sum of \$ 25.00 which is a non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management, such sum is not a rental payment. In the event this application is NOT approved, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application must be signed before it will be processed by Management.

Initial

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Failure to answer any of the contained inquiries shall entitle owner to reject this application. False or omitted information given herein shall entitle owner to (1) reject this application (2) retain the application fee(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy.

Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include either favorable or unfavorable information regarding a resident's compliance with the lease, rules and financial obligations.

Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, resident or any guest for failure to do so.

Your reservation fee/deposit will be retained as a holding fee unless notification of cancellation of this application is received within 48 hours of signed application.

Initial

For completed application, please submit proof of income and copy of identification.

Signature of Applicant

Date

Signature of Co-Signer

Date