

CLAREMONT PARK APARTMENTS RENTAL APPLICATION

Please return to: CLAREMONT PARK 1341 N. 9TH #6, LINCOLN, NE 68508 • (402) 474-7275 • Fax (402) 474-7279

A THIRTY FIVE DOLLAR (\$35) NON-REFUNDABLE APPLICATION FEE IS REQUIRED

Personal Information:

Property: _____

OF BR: _____ Rent: _____

Date: _____

Desired Date of Occupancy: _____

Name: _____

SSN: _____ DOB: _____

Home Phone:(_____) _____

Work Phone:(_____) _____

Number of Roommates: _____

Pets? _____ Mature Weight _____

Name of Roommates: _____

Pet fee and Pet deposit required. **See Pet Rules. Pets not allowed at all locations.**

Marital Status: Married Divorced Single

Maiden Name: _____

In Case of Emergency, Notify: _____

Phone:(_____) _____

Are You a Full or Part Time Student? Yes No

Co-Signer required for all students.

How did you hear about CLAREMONT PARK? _____ If referred by friend, name of person _____

Vehicle Information: Only 1 parking pass per bedroom – NO EXCEPTIONS!

Driver's License Number _____ Make/Model/Color: _____ Year: _____ Tag #/State: _____

Residence History- Provide two year history:

1) Present Address: _____

Move In/Out Dates: _____

Landlord: _____

Landlord Phone: _____

2) Previous Address: _____

Move In/Out Dates: _____

Landlord: _____

Landlord Phone: _____

Employment/Bank References-Provide two year history:

1) Employer: _____

Phone: _____

Address: _____

Position: _____

Dates Employed: _____

Gross Monthly Income: _____

2) Employer: _____

Phone: _____

Address: _____

Position: _____

Dates Employed: _____

Gross Monthly Income: _____

3) Bank/Branch: _____

Phone: _____

Type of Account: Checking Savings Both

How Long? _____

4) Other Income: _____

Amount: _____

Have You Ever...

Been evicted from tenancy? Yes _____ No _____

Been convicted of a felony? Yes _____ No _____

The above information, to the best of my knowledge, is true and correct. I hereby authorize you to process this application for the purpose of obtaining a Lease Agreement with this property. Additionally, I authorize all corporations, companies, and law enforcement agencies, academic institutions and employers to release information they may have about me and release the landlord, leasing agent, their officers, employees, and agents, and any person so furnishing information, from any and all liability of every nature and kind arising out of the investigation or the furnishing or inspection of such documents, records, and other information. A photographic or faxed copy of this authorization shall be as valid as the original.

Applicant Signature: _____

Date: _____

Approved _____ Not Approved _____ Approved w/ Co-Signer _____

By: _____ Date: _____ Apt# Assigned _____