



104 So Lincoln Ave • Box 563  
York, Nebraska 68467  
402-362-5595 • FAX 402-362-4875

### RESIDENCY APPLICATION

I hereby make application to rent \_\_\_\_\_ APT. # \_\_\_\_\_  
to be used as a dwelling unit and for no other purpose.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # AND STATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY STATE ZIP

LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME: ADDRESS:

RENT PAYMENT \_\_\_\_\_ HOW LONG HAVE YOU LIVED HERE? \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY STATE ZIP

LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME: ADDRESS:

RENT PAYMENT \_\_\_\_\_ HOW LONG HAVE YOU LIVED HERE? \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

**Employment:**

PRESENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ MONTHLY TAKE-HOME PAY \$ \_\_\_\_\_

OTHER INCOME \_\_\_\_\_

PERSONAL REFERENCE (NO RELATIVE) \_\_\_\_\_

THEIR ADDRESS \_\_\_\_\_ THEIR PHONE \_\_\_\_\_

NEAREST RELATIVE & THEIR RELATIONSHIP TO YOU \_\_\_\_\_

THEIR ADDRESS \_\_\_\_\_ THEIR PHONE \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY \_\_\_\_\_

THEIR ADDRESS \_\_\_\_\_ THEIR PHONE \_\_\_\_\_

PLEASE LIST NAMES OF ALL PERSONS WHO WILL OCCUPY THESE PREMISES \_\_\_\_\_

\_\_\_\_\_

AUTOMOBILE: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ LICENSE STATE & NUMBER \_\_\_\_\_

I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Landlord if any of the information provided in the application is materially inaccurate or incomplete. I authorize NORM GREEN REALTY & AUCTION to verify the above information. A credit report will be obtained on all applicants. Applicant understands and agrees that by signing this application it authorizes management to remove this rental unit from the rental market. Applicant is legally obligated for the rental unit. If I should cancel this application after 2 days from the date of application, the ENTIRE deposit will be retained as termination charges. I also understand that PETS ARE NOT ALLOWED.

LEASE TERM \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_  
(rent shall be charged from this date)

RENTAL RATE \_\_\_\_\_ SECURITY DEPOSIT \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leasing Agent

\_\_\_\_\_  
Date

\*\*\*\* OFFICE USE ONLY \*\*\*\*

REFERENCE VERIFICATION

	Date	Ok	NA	Declined
Credit Report				

Verified by \_\_\_\_\_ Date \_\_\_\_\_ Date Applicant Notified \_\_\_\_\_

#1 RENTAL REFERENCE

Name of person talked to \_\_\_\_\_

Is rent paid promptly? \_\_\_\_\_ Amount of rent \_\_\_\_\_

Period of tenancy \_\_\_\_\_ Lease expiration date \_\_\_\_\_

Has required notice been given? \_\_\_\_\_ Do you recommend? \_\_\_\_\_ If not, why? \_\_\_\_\_

RENTAL REFERENCE

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Period of tenancy \_\_\_\_\_ Lease expiration date \_\_\_\_\_

Has required notice been given? \_\_\_\_\_ Do you recommend? \_\_\_\_\_ If not, why? \_\_\_\_\_

#2 EMPLOYMENT VERIFICATION

Call applicant's employer - state your name, with the name of our firm. Tell the employer: We have an application for leasing from (name of applicant). In order to qualify, applicant must earn at least \$\_\_\_\_\_ per week. Please verify if his weekly earnings equal this amount.

(This amount is as follows: one weeks pay is equal to monthly rent.)

VERIFIED  ERRONEOUS  REFUSED TO VERIFY  OTHER \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_