

RESIDENCY APPLICATION

Rasmussen Apartments

721 W. Nobes Rd., York, NE 68467
402-362-4452 ♦ 402-366-2847

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 _____

Landlord (Name & Address) _____ Phone _____

Rent Payment _____ How long have you lived here? _____

Reason for Moving _____

Previous Address _____ Phone _____

Landlord (Name & Address) _____ Phone _____

Rent Payment _____ How long did you live there? _____

Reason for Moving _____

Have you ever been charged with or convicted of a felony? _____ If yes, please explain: _____

Have you ever filed for bankruptcy? _____ If yes, what was the date? _____

Employment:

Present Employer _____

Address _____ Phone _____

Length of Employment _____ Monthly Take-Home Pay \$ _____

Other Income _____

Personal Reference (No Relatives) _____

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 Rex/Maggie Rasmussen to verify the above information. A credit report and background check will be obtained on all applicants. 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 will be charged from this date) _____

Rental Rate _____ Security Deposit _____

Applicant Signature Date

Applicant Signature Date