

D. Thompson Realty and Property Management
3802 Leavenworth Street, Suite 200 ♦ Omaha, NE 68105
(402) 342-1005/FAX # (402) 342-0714

APPLICATION FOR OCCUPANCY

Please fill in each blank to be considered for approval.

Apt applied for _____

The security deposit is \$ _____

Rent per month \$ _____

PLEASE PRINT CLEARLY

Date _____

Name of Head of Household _____
First Middle Last

Social Security No. _____ Birth Date _____ Age _____
mo day yr

Present Address _____
Street Apt # City State Zip

Phone (daytime) _____ Phone (evening) _____

Present Landlord _____ Phone () _____

How long have you lived at this address? From ____/____/____ to ____/____/____

Reason for moving _____ (No eviction in the last 5 yrs. See Agent.)

Previous Address _____
Street Apt # City State Zip

Employed By _____
Company Name Address City State Zip

Supervisor's Name _____ Supervisor's Phone _____ (Must provide pay stubs.)

Job Position _____ How long employed _____ Monthly Income \$ _____ (After Taxes)

Driver's License # _____ State _____

Married _____ Divorced _____ Separated _____ Widowed _____ Single _____
How Long How Long

Children who will occupy apt.

1. _____
First and last name Sex Age

2. _____
First and last name Sex Age

Will anyone else occupy the apartment with you?

First and last name Sex Age Relationship

Pets: YES/NO Describe _____ (No pets are allowed unless the PET
ADDENDUM is complete and becomes a part of this application.)

Are you aware of all pet regulations? _____ How many vehicles will you keep at this address? _____

Make Year Color License Number

Make Year Color License Number

(continued on back)

FINANCIAL INFORMATION:

Bank Reference _____
 Bank Name _____ City _____ State _____ Zip _____

Bank Phone # _____ Checking Acct Number _____

	First Person	Second Person
1) INCOME		
a) Monthly income for your job	_____	_____
b) Unemployment	_____	_____
c) Disability	_____	_____
d) Child Support	_____	_____
e) Other	_____	_____

	Company	Balance Due	Monthly
2) DEBTS (List all debts which either and/or both you have.)			
a) Car Payment	_____	_____	_____
b) Credit Cards	_____	_____	_____
c) Other loans or debt	_____	_____	_____

Explain _____

Have you ever filed bankruptcy? _____ Chapter 13 _____ Chapter 7 _____

Have you ever broken a lease with any apartment project? Yes _____ No _____

Have you ever been evicted from any apartment project? Yes _____ No _____

If yes, name apartment _____
 City _____ State _____

In Case of Emergency, Notify:

Name _____ Address _____ City _____ State _____ Zip _____

Relationship of person to notify _____ Phone (_____) _____

Referred to Project by _____ Other _____

(Please read carefully)

APPLICATION FEE \$25.00 (NON-REFUNDABLE)

Applicant has deposited herewith the sum of \$_____, receipt of which is hereby acknowledged, as a non-interest bearing deposit (and not as a rental payment to be refunded as hereinafter provided if the lease agreement is consummated); provided, however, that in the event the application is approved, and the applicant fails or refuses the apartment for any reason not the fault of the owner, and fails or refuses to enter into the contemplated lease with the owner, then applicant agrees to forfeit the said deposits as liquidated damages and not as a penalty, to cover the cost of taking and processing this application, reservation and preparation of the apartment, and loss of rental income to owners. If however, in the event this application is disapproved or for any other reason for which owner is responsible, the lease agreement is not consummated, this deposit will be returned to the applicant. Negotiations of a deposit by check shall not constitute an acceptance of this application by owners. This application is made with the understanding that it is subject to execution by an officer of said Company and delivery of a lease covering said premises. The undersigned represents that the above statements are true and complete and authorized verification of information and references given. NOTE: APPLICANT UNDERSTANDS THAT ILLEGAL DRUG TRAFFICKING OR USE WILL BE A SUBSTANTIAL BREACH; SUBJECTING RESIDENT TO IMMEDIATE TERMINATION OF THE LEASE AND TO ALL APPLICABLE PENALTIES. I authorize you to verify the above information through a consumer reporting agency, This agency is Tenant Data Services, Inc. The function of this company is to track and maintain records, such as your resident conduct and personal credit history. Tenant Data Services, Inc. will obtain a credit report on all applicants.

Total deposit to be \$ _____ Deposit due \$ _____ on _____

Date you will move in? _____ Applicant's Signature _____

THIS APPLICATION IS FOR A ONE YEAR LEASE.