

Application fee: \$ _____ per applicant (check or money order only-made out to Dial-Stratford L.P.)

The Stratford Apartment Homes
1919 West 39th Street Office
Kearney NE 68845
308-627-2343
stratfordkearney@gmail.com

Date: _____
Deposit Received: _____
Application Fee Paid: _____
Move in Date: _____
Address: _____

RENTAL APPLICATION

Name _____

Date of Birth: _____ Age (optional) _____

Marital Status: Married _____ Separated _____ Single _____ Widowed _____ Divorced _____

Social Security #: _____ Driver's License # _____ State _____

Color/Make/Year/License # of all vehicles: _____

<u>Co-Residents:</u>	<u>SS#</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Authorization to communicate to this email: yes _____ no _____

Present Address: _____

Street _____ City/State _____ Zip _____

Landlord: _____ Phone: _____

Amount of Rent _____ Date From: _____ Date To: _____

Previous Address: _____

Street _____ City/State _____ Zip _____

Landlord: _____ Phone _____

Amount of Rent: _____ Date From: _____ Date To: _____

Employed By _____ How Long? _____

Business Address _____ Phone _____

Position Held _____

Gross Monthly Income _____ Supervisor _____

Spouses Employer: _____ How Long? _____

Business Address: _____ Phone _____

Gross Monthly Income _____ Supervisor _____

Bank: _____ Address/Location: _____

Checking Acct # _____ Savings Acct # _____

IN CASE OF EMERGENCY-NOTIFY: (RELATIVE)

(Name of person not living with you)

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE _____ ZIP _____

Do you have any pets? _____ If yes, what type? _____

Have you ever been arrested? _____ If yes, please explain: _____

Are you a convicted felon? _____ Are you a registered sex offender? _____

Have you ever filed a petition in bankruptcy? _____ If yes, when? _____

Do you owe any unpaid rent? _____ Have you ever been evicted from tenancy? _____

Have you ever intentionally refused to pay rent when due? _____

How were you referred to us? Newspaper _____ Stratford Apt Website _____ Sign _____ Other _____

Referral (Whom may we thank?) _____

ALL APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE TO LEASE FROM
THE STRATFORD APARTMENT HOMES

RENTAL APPLICATION
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I DECLARE THAT THE FORGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE THE VERIFICATION AND THE OBTAINING OF A BACKGROUND CHECK, CONSUMER CREDIT REPORT, VERIFICATION OF EMPLOYMENT, AND RENTAL VERIFICATION. AN APPLICATION FEE OF \$____ PER ADULT IS REQUIRED AND NONREFUNDABLE.

I agree that the Landlord may terminate any agreement due to any misstatement made above.

I/We hereby deposit \$ _____ (same as rental amount) as security deposit to be refunded to me if this application is not accepted within Five (5) business banking days. I/We also understand that the Owner/Landlord does NOT accept pets of any type on premises. Upon acceptance of this application, this deposit shall be deposited in The Stratford Apartment Homes selected bank. When so approved and accepted I/We agree to execute a lease for _____ months before possession is given. ***If/We should back out of renting this property after three days. I/We shall forfeit the security deposit for lost rents or any expenses incurred trying to re-rent the property. If it is re-rented I/We shall be reimbursed any unused portion of said security deposit.***

If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance which the owner or his agent may reject without reason for so doing.

Applicant(s) and or Prospective Residents understand that the Landlord/Manager currently serves interest on behalf of the owner or owners of the property.

Landlord has no knowledge of lead-based paint and/or lead based paint hazards in the housing and has no reports or records pertaining to lead-based paint and/or lead based paint hazards in the housing.

Signature of Applicant

Date

Signature of Applicant

Date

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

RENTAL REFERENCE VERIFICATION:

Verify rent payment. _____
Paid on time? _____

Any damage or complaints? _____

Did they give proper notice? _____

Would you rent to said tenant again? _____

Person talked to: _____ Date _____

Verify rent payment. _____

Paid on time? _____

Any damage or complaints? _____

Did they give proper notice? _____

Would you rent to Said Tennant again? _____

Person talked to: _____ Date _____