



2734 NORTH 48TH ST. • LINCOLN, NE 68504

Phone: 402-466-1686

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www.rdhinkley.com



RENTAL LEASE APPLICATION

Rental address applying for: _____ Desired move-in date: _____

How did you hear about us? _____

Legal Name: _____ Phone Number: _____

Social Security Number: _____ License Number/State Issued: _____

Date of Birth: _____ Email Address: _____

Residence History – List past 3 residences - Beginning with most recent. Receiving a bad reference is a denial

1. Current Address: _____ ZipCode: _____

Move in date: _____ Move out date: _____ Rental Amount: _____

Reason for leaving: _____

Landlord name: _____ Phone number: _____

2. Previous Address: _____ ZipCode: _____

Move in date: _____ Move out date: _____ Rental Amount: _____

Reason for leaving: _____

Landlord name: _____ Phone number: _____

3. Previous Address: _____ ZipCode: _____

Move in date: _____ Move out date: _____ Rental Amount: _____

Reason for leaving: _____

Landlord name: _____ Phone number: _____

Have you ever been evicted? Yes _____ No _____ **Owing another landlord money is a denial**

Address evicted from: _____ Date evicted: _____

Landlord name: _____ Phone Number: _____

Emergency Contact (Cannot be applying with you): _____

Relationship: _____ Phone Number: _____

Current Autos:

Make: _____ Model: _____ Year: _____ Color: _____ Plate Number: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate Number: _____

Income/Current Employer: Income is required to be at 35% or lower to qualify (Rent ÷ income)

Company and supervisor: _____ Date of hire: _____

Hourly rate/ Salary: _____ Hours per week: _____ Phone number: _____

Other Income: _____

Other Occupants: Please list all minors. Any persons 18 years of age or older are required to fill out a separate rental application.

1. Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

2. Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

3. Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

4. Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Do you have any pets/assistance animals?: Yes: _____ No: _____ How many? _____

If the property does not accept pets you will be denied. Assistance animals require proper paper work.

1. Type: _____ Breed: _____ Age: _____ Weight: _____

2. Type: _____ Breed: _____ Age: _____ Weight: _____

3. Type: _____ Breed: _____ Age: _____ Weight: _____

Application Fee (Non refundable): Cash: _____ Check: _____ Money Order: _____ CC: _____

I hereby state and represent that the information 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 R.D. Hinkley & Associates to verify the above information through a consumer reporting agency and to contact references. The function of this agency is to track and maintain record such as your resident conduct and personal credit history. The applicant understands and agrees that by signing this application it authorizes management to remove this rental unit from the market. If accepted, applicant is legally obligated for the rental unit. If I should cancel this application after 2 days from the date of application approval, the ENTIRE deposit will be retained as termination fees.

-R.D. Hinkley & Associates does not accept satellite dishes on the structure of any of our properties.

-Application is good for 30 days after submitted for any of our available properties.

-Application will not be accepted without photo ID and application fee.

Applicant Signature

Date

RENTAL REFERENCE/VERIFICATION FORM

This form gives you permission to disclose any information regarding my tenancy to R.D. Hinkley & Associates Inc.

Applicant Signature

Date

For Office Use Only

Reference from: _____

Applicant's name: _____

Applicant's address: _____

Move in date: _____ Move out date: _____ Monthly rental amount: _____

of occupants in unit: _____ Is there a co-signer on the lease: ____ Yes ____ No

Proper notice given: ____ Yes ____ No

Is/was tenant being evicted: ____ Yes ____ No Is/was tenant being asked to move: ____ Yes ____ No

Did tenant pay rent on time: ____ Yes ____ No # of lates: _____ # of NSF's: _____

Outstanding balance owed: ____ Yes ____ No If yes, how much: _____

Any pets or assistance animals: ____ Yes ____ No

If yes, number of pets/breed? _____

Any damages from pets? _____

Were/are there any lease violations/complaints about this tenant ____ Yes ____ No

If yes, please explain: _____

Would you re-house the above-mentioned tenant: ____ Yes ____ No

If no, please explain: _____

Any additional information: _____

Are you related to this tenant: ____ Yes ____ No?

Verifier's name and position held: _____

PLEASE RETURN AT YOUR EARLIEST CONVENIENCE
R.D. HINKLEY & ASSOCIATES INC.
PHONE: 402-466-1686
FAX: 402-466-1751
EMAIL: Staff@rdhinkley.com