

**APPLICATION TO RENT**

TWENTY-FIVE DOLLARS (\$25.00) NON-REFUNDABLE APPLICATION FEE REQUIRED  
OFFICE LOCATED AT: 927 S. 11<sup>TH</sup> STREET – UPSTAIRS TO THE LEFT

**Capital Rentals**

PO Box 22080, Lincoln, NE 68542

Phone: (402) 435-2552 Fax: (402) 435-1232

Website: [WWW.CAPITALRENTALSLINCOLN.COM](http://WWW.CAPITALRENTALSLINCOLN.COM) - Email: [CAPITALRENTALS@WINDSTREAM.NET](mailto:CAPITALRENTALS@WINDSTREAM.NET)

RENTAL PROPERTY ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT CAPITAL RENTALS? (PLEASE CHECK ALL THAT APPLY)

\_\_\_ CRAIG'S LIST \_\_\_ WORD OF MOUTH \_\_\_ YARD SIGN \_\_\_ OTHER \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
first middle last

DATE OF BIRTH: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_ SSN: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ CURRENT RENT: \$ \_\_\_\_\_ NOTICE GIVEN? YES/NO

CURRENT LANDLORD: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

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

WOULD YOU LIKE US TO CONTACT YOU BY EMAIL? YES / NO

IF YES, PLEASE LIST EMAIL ADDRESS: \_\_\_\_\_

RESIDENCE FOR PAST TWO (2) YEARS:		
ADDRESS	DATES	LANDLORD'S ADDRESS & PHONE #
_____	_____	_____

_____	_____	_____
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List the **Names, Ages, & Relationship** of all the people who will occupy this unit:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

PRESENT EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ EMPLOYMENT DATE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ GROSS INCOME PER MONTH: \_\_\_\_\_  
(COMPLETE BACK SIDE OF APPLICATION)

PAST EMPLOYMENT HISTORY:  
EMPLOYER ADDRESS PHONE # DATES EMPLOYED SUPERVISOR

IN CASE OF EMERGENCY NOTIFY:

NAME RELATIONSHIP  
ADDRESS CITY/ STATE/ ZIP HOME # WORK #

ARE YOU A TOBACCO SMOKER: YES/NO  
(NO SMOKING ALLOWED IN THE INTERIOR OF THE UNITS/BUILDINGS. SMOKING IS PERMITTED OUTSIDE AND ON DECKS/PORCHES.)

DO YOU OWN A PET? YES/NO list type of pet: \_\_\_\_\_ name of pet \_\_\_\_\_  
NO DOGS ALLOWED - TWO CAT MAXIMUM (\$50.00 PER CAT) REFUNDABLE. \$15.00 PER CAT PER MONTH

DO YOU OWN A VEHICLE? YES/NO  
LICENSE # MAKE MODEL COLOR YEAR

NAME, ADDRESS, AND PHONE NUMBER OF NEAREST RELATIVE OR FRIEND IN THE AREA:

BANK ACCOUNT: NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_  
IS THE ACCOUNT: SAVINGS/CHECKING?

Have you ever broken a rental agreement or lease? YES/NO Have you ever had bed bugs? YES/NO  
Have you ever been evicted from any tenancy? YES/NO IF YES, WHAT YEAR? \_\_\_\_\_  
Have you ever declared bankruptcy? YES/NO IF YES, WHAT YEAR? \_\_\_\_\_  
Have you ever been convicted of a felony? YES/NO Are you a registered sex-offender? YES/NO

**THIS APPLICATION WILL NOT BE CONSIDERED UNLESS ALL INFORMATION IS FILLED OUT COMPLETELY AND ACCURATELY.**

I declare this application information to be true and agree that Landlord may immediately terminate my tenancy entered into in reliance upon misinformation given on this application. I agree to rent the unit on the terms of the Lease Agreement. Management reserves the right to cancel this application if applicant is unable to have utilities placed in their name.

I agree that in the event that I have been accepted for rental and I change my mind, and do not move into the premises, my deposit and first month's rental charges will be retained by Capital Rentals as liquidation/ termination charges (re-advertisement, time delay & evaluation of new tenants).

**Resident shall put utilities in resident's name prior to possession and obtaining keys.**

If a co-signer is required, the co-signer application must be returned to: Property Manager, within (3) working days after the initial application and deposit is accepted. All applicants are considered accepted if all conditions are met, unless notified otherwise within (3) working days.

By signing this application, I authorize the Landlord or Landlord's agents to verify the above information such as employment, monthly income, background, and past residential history. Verification or re-verification of any information contained in the application will be retained by the Landlord. Any person or entity identified on this application or holder of public record is hereby instructed to release information regarding this application, my credit, tenant, check writing histories and/or my criminal record to Tenant Data Services Inc. 800-228-1837. Agencies used by Tenant Data Services to acquire this information may include, but are not limited to, Experian (TRW) Credit Services, Equifax/Capital CSC Credit Services, Telecheck, and/or

any law enforcement agency. Upon request, Tenant Data will provide the name and phone number of any outside agency used in the verification process.

**Capital Rentals Enterprises, Inc. conducts business in accordance with all federal, state and local fair housing laws. It is our firm commitment to provide housing opportunities to all persons regardless of race, color, religion, sex familial status, marital status, disability or national origin.**

**I agree to enter a lease agreement upon the following terms:**

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**APPLICANT'S SIGNATURE**

**DATE**