APPLICATION FOR RENTAL AGREEMENT

With EulerRentals.com

5520 Grouse Pl, Lincoln NE 68516

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Notice: All adult applicants (18+ yrs) must complete a separate form. The $20 Application Fee purchases each applicant a copy of their *Credit and Rent History Report* from TENANT DATA Inc.

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| APPLICANT INFORMATION |
| First NAME MI Last NAME  | SSN | DRIVER’S LICENSE # |
| BIRTH DATE | CELL NUMBER |  EMAIL |
| CURRENT ADDRESS |
| STREET ADDRESS CITY STATE ZIP |
| DATE IN | DATE OUT | LANDLORD NAME LANDLORD Phone |
| MONTHLY RENT | REASON FOR LEAVING |
| PREVIOUS ADDRESS |
| STREET ADDRESS CITY STATE ZIP |
| DATE IN | DATE OUT | LANDLORD NAME LANDLORD Phone |
| MONTHLY RENT | REASON FOR LEAVING |
| OTHER OCCUPANTS |
| LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER |
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| LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER |
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| PETS WHEN ALLOWED MY OWNER |
| PETS Dog \_\_\_ Cat \_\_\_ other \_\_\_\_\_\_ | Breed, color, weight, immunization dates, Animal Control License, for each pet |
| Is your pet an emotional support animal? What symptoms does it ameliorate? Do you have a document from a professional prescribing the need for the animal? Is your pet specially trained to perform tasks for a disabled person? \_\_\_\_\_\_\_ If so what are the tasks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you are requesting reasonable accommodation for an animal under housing laws please provide a letter from your doctor, therapist or other qualified professional which states you have a disability as defined under local and or federal laws. Please explain how the requested accommodation will be helpful to your needs. When animals are allowed the tenant agrees: 1. To be responsible for the animal’s behavior and be financially responsible for actions of the animal at all times. 2. Comply with all local laws regulation and rules governing animals including all required vaccinations. 3. Properly house, care for and feed the animal and properly manage and dispose of all animal waste daily. 4. Provide a collar with tags or other means of identification for the animal which includes the owner name and current phone number.  |
| EMPLOYMENT & INCOME INFORMATION |
| OCCUPATION - 1 | EMPLOYER/COMPANY | MONTHLY SALARY |
| SUPERVISOR/BOSS NAME | SUPERVISOR/BOSS PHONE | TIME WITH COMPANY |
| OCCUPATION -2 | EMPLOYER/COMPANY | MONTHLY SALARY |
| SUPERVISOR/BOSS NAME | SUPERVISOR/BOSS PHONE | TIME WITH COMPANY |
| OTHER INCOME | MONTHLY INCOME |
| EMERGENCY CONTACTS |
| 1. NAME | ADDRESS | PHONE | RELATIONSHIP |
| 1. NAME | ADDRESS | PHONE | RELATIONSHIP |
| BACKGROUND INFORMATION |
| HAVE YOU EVER: | Filed for bankruptcy? | Willfully or intentionally refused to pay rent when due? |
| Been evicted from a tenancy or left owing money? If yes, please provide Property Name & Landlord Phone. |
| Been convicted of a crime? If yes, please provide type of offense, county, and state. |
| VEHICLE INFORMATION |
| 1. MAKE & MODEL | YEAR | LICENSE NUMBER |
| 2. MAKE & MODEL | YEAR | LICENSE NUMBER |
| OTHER INFORMATION |
| HOW DID YOU HEAR ABOUT THIS PROPERTY? |
| PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION. |
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| I/We, the undersigned, authorize Phil Euler (Landlord) to obtain an investigative consumer credit report including but not limited to a credit history, OFAC search, landlord/tenant court record search, criminal record search, and registered sex offender search. I/We authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. The investigation report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I/We hereby hold Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information. I/We understand the provisions on Pets and agree to the requirements outline herein. I/We represent the information provided here is accurate and truthful.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co-signer Signature Date |

5-29-19