



APPLICANT NAME \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ TagNo./State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ TagNo./State \_\_\_\_\_

IN CASE OF PERSONAL EMERGENCY, NOTIFY: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**NOTE:** Applicant understands that by signing this application, applicant authorizes Management to remove this rental unit from the rental market. Applicant is legally obligated for the rental unit, and will be held responsible accordingly. **IF I SHOULD CANCEL THE APPLICATION, THE ENTIRE DEPOSIT WILL BE RETAINED AS TERMINATION CHARGES. APPLICANT WILL BE RESPONSIBLE FOR RENT FROM DATE OF MOVE-IN OR UNTIL UNIT HAS NEW RESIDENT RESIDING IN IT, WHICHEVER COMES FIRST.** All cancellations must be in writing. If the applicant is declined, the deposit may be refunded. This application must be filled out **COMPLETLEY AND ACCURATELY**. I understand that in the event a lease is entered into, it may be canceled by the landlord if any of the information provided in the application is materially inaccurate or incomplete. Management reserves the right to cancel this application if application is unable to have utilities placed in their name.

By signing this application, I authorize the Landlord or Landlords' agents to verify above information such as employment, monthly income, 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 the application, my credit, tenant, check writing histories and or my criminal record to HIP/ Holroyd Investment Properties Inc. (402) 465-8911. Agencies used by HIP/ Holroyd Investment Properties 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, HIP/ Holroyd Investment Properties will provide the name and phone number of any outside agency used in the verification process.

When a Co-Signer is required, the Co-Signer Application must be filled out completely, signed and delivered to our office within 48 hours of being informed. If the Co-Signer Application is not received within a 48 hour period, the subject unit applied for may be put back on the market.

Resident acknowledges and consents that he/she understands that HIP/ Holroyd Investment Properties Inc. is the Common Law agent for the owner, and as such resident is a customer, not a client of HIP/ Holroyd Investment Properties Inc.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Employee \_\_\_\_\_ Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**APPLICANT: PLEASE DO NOT WRITE BELOW**

Application Fee Received: \$ \_\_\_\_\_ Pd. W/Ck. # \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Security Deposit Received: \$ \_\_\_\_\_ Pd. W/Ck. # \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reference Verification Name	Reference Comments
Landlord:	
Employer:	
Credit Report:	
Point Score:	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS APPLICATION       APPROVED       NOT APPROVED  
BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

Applicant Notified by (Name) \_\_\_\_\_ Date Notified \_\_\_\_\_

Notified by:     LETTER (Attach Copy)     FORM     TELEPHONE     FAX     IN PERSON