

The Chadwick Apartments Rental Application

12412 S. 36th street
Bellevue, NE 68123
(402) 291-1656
info@thechadwickapts.com
Thechadwickapts.com

(For office use only)

of Apps: _____ Apt # _____ Unit Size _____

Each adult over the age of 19 must complete an application. There is a non-refundable application fee of \$50.⁰⁰ / per app. Check or money order is the only form of payment accepted

Drivers License

Today's Date: _____

Proposed Move-in Date: _____

I _____ (FULL NAME) hereby make application to rent an apartment at the premises known as; **The Chadwick Apartments, 12412 S. 36th street, Bellevue, NE 68123** to be used for living purposes and no other purpose. I understand that the following Monthly Rental Rates will be in effect and are payable in advance to The Chadwick Apartments Leasing Office. :

Three-bedroom unit: \$1,300.00 - (Deposit: \$800.00)

Two-bedroom unit: \$1,100.00 - (Deposit: \$700.00)

One-bedroom unit: \$950.00 - (Deposit:\$600.00)

I agree to sign a **12 month** rental agreement with the understanding that upon expiration of said lease, I am to give one full calendar month prior written notice before vacating the premises if I decide to do so.

I warrant that the statements contained below are true, and I hereby authorize the lessor and or any credit service used by the lessor to investigate and verify my credit transactions, criminal background, and the information furnished below. I hereby give The Chadwick Apartments the authorization to run a **credit report and background check** through credit reporting service of choice, and check with my current and previous landlords as to any problems or delinquency of rental payments, which may affect application approval. A **\$50.⁰⁰ (non-refundable)** fee will be assessed by the prospective resident for processing the application and credit report (via The Chadwick Apartments). All occupants of the residence 19 years of age must fill out an application and be on the Lease.

First Name: _____ Middle initial: _____ Last Name: _____

Other names you have used in the past: _____

Social Security #: _____

Date of birth (MM/DD/YYYY): _____ / _____ / _____

Present Address/City/State/Zip Code: _____ / _____ / _____ / _____

How long have you lived at your present address: _____

Why are you moving from your current address?

Phone #: _____

Email Address: _____

Do you own a pet? Y / N If yes, what kind/how many? (limit of 2 pets per apartment)

Emergency Contact (relative or friend):

Name: _____

Phone #: _____

Current Landlord Name, Address and Phone Number:

Previous addresses from the last 3 years:

Have you ever been evicted, or owe any back rent? Y / N (If yes, please explain):

Current Employer: _____ Rank (if military): _____

Occupation: _____ Length of present employment: _____

Employer's Address: _____ Phone #: _____

Monthly income (gross): _____

If employed less than two years, please provide your previous employer's company name, address & phone number:

Have you ever been convicted of a criminal offense other than a minor traffic violation? _____

If "yes," explain: _____

We will submit a credit check and possibly a criminal background check. Is there anything negative we will find that you wish to comment on?

****Vehicle information is REQUIRED to avoid an accidental tow.**

List all motor vehicles owned, including motorcycles: (# of vehicles _____)

Make: _____ Model: _____ Year: _____ Color: _____ Lic. Plate #: _____

Make: _____ Model: _____ Year: _____ Color: _____ Lic. Plate #: _____

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Name & date of birth of all minors/dependants under the age of 19 who will be residing in the apartment:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Applicant Signature: _____

Date: _____

Non-Refundable Holding Deposit

I, (Tenant) _____ request that the landlord accept \$ _____ as a holding deposit for _____ Apt# _____, and the payment of such deposit shall result in the Landlord not accepting any other tenant(s) for rental of this apartment up and until the commencement of my lease on _____.

I understand that this deposit will be credited to my security deposit when I move in.

I further understand and agree that if I should change my mind or become unable to move in for any reason, other than Landlord exercising discretion not to rent the apartment, this holding deposit will be forfeited by me, and I will receive no refund of the deposit.

Monthly rent per lease will be due upon move in the amount of \$ _____.

I agree and acknowledge that Landlord may choose not to rent to me for any reason, however, upon Landlord so electing not to rent to me, I will be entitled to a full refund of the holding deposit.

Tenant Signature _____ **Date:** _____

(For (office use only)

I, (Agent) _____ received \$ _____ representing the The Chadwick Apartments and a non-refundable holding deposit for:

_____ Apt# _____, Bellevue, Nebraska.

This holding deposit shall be credited to the tenant's security deposit upon move-in. However, if the tenant does not move in for any reason, other than Landlord's decision not to rent the apartment, this holding deposit shall be forever forfeited and shall not be refunded. Lastly, I retain the right to not rent to this apartment for any reason and in my own sole discretion, however, if I so exercise my discretion not to rent this apartment I will return the holding deposit in full.

Landlord Signature _____ **Date** _____

Application: Taken By: _____ Date: _____ Approved // Denied By: _____

Application Fee: \$ _____ Taken By: _____ Date: _____ Method of Payment: _____

Holding/Security Deposit: \$ _____ Taken By: _____ Date: _____ Method of Payment: _____

Rental Verification Request

Applicant: DO NOT complete this form - please sign and date below (where highlighted) ONLY

The person(s) named below has submitted an application for rental. In the process of approval a verification of the applicant's rental history is required. The applicant, by his/her signature, has authorized you to release the required information listed below.

I, APPLICANT, HEREBY AUTHORIZE THE DISCLOSURE OF THE INFORMATION REQUESTED BY COUNTRY ESTATES APARTMENTS MANAGEMENT AND ITS EMPLOYEES. THANK YOU FOR PROVIDING THIS INFORMATION SO THAT MY APPLICATION FOR AN APARTMENT CAN BE PROCESSED.

Applicant Name (Print): _____

Applicant Signature: _____ **Date:** _____

(For office use only)

ATTENTION: _____ **DATE:** _____

FROM: The Chadwick Apartments _____ Leasing Agent/Manager
Property Name Title

Office Phone: (402) 291-1656

Return Email Address: info@thechadwickapts.com

The person(s) named above has submitted an application for rental. In the process of approval a verification of the applicant's rental history is required. The applicant, by his/her signature, has authorized you to release the required information listed below.

Please provide us with the following information:

Monthly Rent Amount: \$ _____

1. Move-In Date: _____ Move-Out/Lease Expire Date: _____

2. Was the Lease Agreement Fulfilled? Yes _____ NO _____

3. Was proper notice given? Yes _____ NO _____

4. Was rent paid: On Time _____ Occasionally Late (< 3 times/yr) _____
Frequently Late _____ # times late in past 12 months _____

5. Were there any Lease Violations? Yes _____ NO _____

If yes, please explain: _____

6. Any NSF (non-sufficient funds) checks? Yes _____ NO _____

7. Was the Security Deposit refunded? Yes _____ NO _____

8. Would you rent to this applicant again? Yes _____ NO _____

Information Provided By: _____
Name (please print)

Signature

Date: _____