



LEXINGTON RIDGE APTS

Century Sales & Management, LLC
8600 Lexington Ave Lincoln, Nebraska 68505
Phone: (402) 437-8310 Fax: (402) 437-8314

- > A non-refundable \$25.00 application fee is required.
- > Applications will not be processed if a security deposit is not submitted.
- > All applicants must be at least 18 years of age.
- > All applicants must provide a valid picture ID

RESIDENCY APPLICATION

I hereby make application to rent _____ Lexington Avenue Apt. # _____
to be used as a dwelling unit and for no other purpose.

1. LEGAL NAME _____
(Please Print) *First* *Middle* *Last*

2. SOCIAL SECURITY # _____
(this is necessary to run your credit report)

3. DATE OF BIRTH _____ DR LICENSE # _____ STATE _____

4. CURRENT ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____ HOW LONG _____ CURRENT RENT _____

DAYTIME PHONE _____ EMAIL ADDRESS _____

5. CURRENT LANDLORD INFORMATION

Name: _____ Address: _____

Phone: _____ Reason For Moving: _____

IS YOUR NAME ON THE LEASE? Y/N

HAVE YOU GIVEN WRITTEN NOTICE TO LEAVE? Y/N

6. RESIDENCE FOR LAST TWO YEARS:

Rental Address	Dates Occupied	Landlord	Landlord Phone	Landlord Address
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7. INCOME

Current Employer _____ Address _____

Name of Supervisor _____ Phone #(_____) _____

Job Title _____ Date Employed _____

Gross Income _____/year _____/month _____/week

Other Income: Source _____ Amount _____

(Provide proof of this OTHER income with your application)



8. 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 _____

9. Vehicle(s) Make _____ Color _____
Year _____ Lic. Plate # _____

10. In Case Of Emergency Notify:

Name _____ Relationship _____
Address _____ Phone (Home) _____ (Cell) _____
City _____ State _____ Zip _____ Phone (Work) _____

11. Your Personal History:

Have you ever?.....

- a. been asked to move out or been evicted? Y/N If yes, what year? _____
- b. broken a rental agreement or lease? Y/N
- c. declared bankruptcy? Y/N If yes, what year? _____
- d. been sued for damage to a rental unit? Y/N
- e. been convicted of a felony? Y/N If yes, what year? _____
- f. are you a registered sex-offender? Y/N
- g. do you have a pet? Y/N Kind _____ Weight _____

If you answered yes to any of the above question, please explain:

12. How did you hear about us (check all that apply)?

___ Drive by/Sign ___ Phonebook ___ For Rent Magazine or ForRent.com
___ LeaseLexington.com ___ GoCentury.com ___ RentPing.com
___ Google ___ Referral: _____

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 THIS APPLICATION AFTER TWO DAYS FROM THE DATE APPLICATION IS SUBMITTED, THE ENTIRE DEPOSIT WILL BE RETAINED AS TERMINATION CHARGES.** All cancellations must be in writing. If the application is declined, the deposit will be refunded. I also understand that **PETS ARE NOT ALLOWED UNLESS WITH WRITTEN CONSENT FROM THE LANDLORD.** This application must be filled out **COMPLETELY AND ACCURATELY.** 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. Management reserves the right to cancel this application if applicant is unable to have utilities placed in their name.

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. (402) 476-3181 and or Credit Information Systems Midwest (800) 782-9094. Agencies used by Tenant Data Services or Credit Information Systems Midwest to acquire this information may include, but are not limited to, Experian, Equifax, or Trans Union, TeleCheck, and/or any law enforcement agency. Upon request, Tenant Data or Credit Information Systems Midwest 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 will be put back on the market.

Resident acknowledges and consents that he/she understands that CENTURY SALES & MANAGEMENT LLC. is the common law agent for the owner, and as such resident is a customer, not a client of CENTURY SALES & MANAGEMENT LLC.

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

MOVE-IN DATE: _____ **SECURITY DEPOSIT:** _____

LEASE TERM: _____ **RENTAL RATE:** _____

SPECIAL (IF APPLICABLE): _____

APPLICANT SIGNATURE: _____ **DATE:** _____

Office Use Only: Received by: _____ **Leasing Agent:** _____

