

APPLICATION FOR RESIDENCY
BYRON REED COMPANY, INC.
13306 "A" Street
Omaha, NE 68144
Phone 402-342-8100 / Fax 402-978-8098

Date: _____
 Name of Complex: _____
 Property Address _____ Apt # _____
 Rental Per Month: \$ _____ App Fee \$ _____ Security Deposit \$ _____
 Move-In Date _____ Lease Term _____
 (If possession is during the month the term shall start the first of the following month)

Applicant: NAME: _____ Date Of Birth: _____ Phone #: _____
 _____ *First* _____ *Middle* _____ *Last/Maiden*
 Social Security No: _____ Driver's License No: _____ State: _____
 Current Address: _____ How Long at Current Address: From _____ To _____
 Name/Address of Current Landlord: _____ Phone # _____
 Name/Address of Prior Landlord: _____ Phone # _____
 Have You Ever Been Evicted From Any Leased Premises? _____ If Yes, Explain: _____
 Have You Ever Been Convicted of a Crime Other Than a Minor Traffic Offense? _____ If Yes, Explain: _____
 Employer: _____ Position: _____ Business Address: _____
 Phone Number: _____ Supervisor: _____ Employed Since: _____ Gross Monthly Income: _____
 Other Source of Income: _____ Amount per Month: _____

Co-Applicant: NAME: _____ Date Of Birth: _____ Phone #: _____
 _____ *First* _____ *Middle* _____ *Last/Maiden*
 Social Security No: _____ Driver's License No: _____ State: _____
 Current Address: _____ How Long at Current Address: From _____ To _____
 Name/Address of Current Landlord: _____ Phone # _____
 Name/Address of Prior Landlord: _____ Phone # _____
 Have You Ever Been Evicted From Any Leased Premises? _____ If Yes, Explain: _____
 Have You Ever Been Convicted of a Crime Other Than a Minor Traffic Offense? _____ If Yes, Explain: _____
 Employer: _____ Position: _____ Business Address: _____
 Phone Number: _____ Supervisor: _____ Employed Since: _____ Gross Monthly Income: _____
 Other Source of Income: _____ Amount per Month: _____

IF YOU WILL BE PARKING A CAR ON THE PREMISES, PLEASE, PROVIDE THE FOLLOWING INFORMATION

Make/Model/Color of Car: _____ Year: _____ License No: _____
 Make/Model/Color of Car: _____ Year: _____ License No: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____ Address: _____ Phone: _____

DEPOSITS/FEEES

	Required Amount	Amount Paid	Date Paid	Due at Move-In
Non-Refundable Application Fee	\$ _____	\$ _____	_____	\$ _____
Security Deposit	\$ _____	\$ _____	_____	\$ _____
Pet Deposit	\$ _____	\$ _____	_____	\$ _____
Garage Deposit	\$ _____	\$ _____	_____	\$ _____
First Month Rent	\$ _____	\$ _____	_____	\$ _____

Landlord shall pay for the following utilities: _____

It is mutually agreed between the agent and the applicant(s): _____ Initial _____ Initial

- (a) Applicant agrees to pay owner/agent a **non-refundable** application fee as listed above.
- (b) Agent will either accept or reject this rental application within five (5) business days from the above date. If the applicant is rejected, any amount received with the application will be refunded, less the non-refundable application fee.
- (c) If accepted, applicant(s) agrees to sign a lease for the term stated above. Possession of the described premises shall not be given to the applicant until the lease and all related documents are signed and all funds due are received.
- (d) If applicant is accepted, but fails to sign the lease and related documents, all funds received shall be forfeited in lieu of damages.
- (e) The premises shall not only be occupied by the applicant and co-applicant but the following person(s) as well:

Name _____ Age _____ Name _____ Age _____ Name _____ Age _____

Applicant agrees that he/she has inspected the premises and that they are acceptable; and further agrees that he/she has read this application and agrees to abide by the covenants herein. Applicant further warrants that all statements made by him/her in said application are valid and true. Applicant hereby grants agent/landlord permission to obtain a consumer credit and criminal background report, verify resident history, employment and all information provided on this application.

"X" _____
 Applicant's Signature

 (To be signed by person taking deposit)
 Agent for Landlord

"X" _____
 Co-Applicant's Signature

AUTHORIZATION TO CONDUCT CRIMINAL RECORDS CHECK

The information requested below is needed to process your background investigation.

Printed Full Name of Applicant:

Last	First	Middle
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Other names you have used, including maiden name and the approximate dates your name changed:

Social Security #: _____ - _____ - _____

Gender: _____ Male _____ Female

Your date of Birth: _____

List all your residential addresses for the past 5 years, starting with your present address:

Address	City	State	County	Zip Code	From	To
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Have you ever been convicted of a crime (Other than a minor traffic offense)? Yes No

If Yes, Please Explain Charges (Please list the State, City, and or County).

I authorize Byron Reed Company, LLC to conduct a full background investigation on myself as part of my application for tenancy. This may include information contained in criminal files at the county, state, and federal jurisdictions. I hereby release and hold harmless all persons, companies, or corporations furnishing such information from liability and responsibility. A photo copy of this document can be substituted for the original. This document shall remain valid for the entire term of tenancy.

Signature of Applicant

Date