



# Residency Application

*\$35 Non-Refundable Application Fee, Proof of income, and  
\$500 (1 bd)/\$600 (2bd) Security Deposit required to process all applications.  
All applicants must be 18 years of age, or 17 with a co-signer.  
Lexington Ridge Apartments 8600 Lexington Avenue, Lincoln, NE 68505  
P: 402.437.8310 F: 402.437.8314*

## ADDRESS TO RENT AS DWELLING AND FOR NO OTHER PURPOSE

\_\_\_\_\_ Lexington Avenue Apartment \_\_\_\_\_ Lincoln, NE 68505

## RESIDENT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ ST \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_  
e-mail address (this is how you will be notified of your approval) \_\_\_\_\_  
Vehicle (make/model) \_\_\_\_\_ color \_\_\_\_\_ plate number \_\_\_\_\_

## RESIDENT RENTAL INFORMATION

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you lived at this address \_\_\_\_\_ Current Rental Amount \_\_\_\_\_  
Name of Apartment Community / Landlord \_\_\_\_\_  
Apartment Community / Landlord Phone Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Are you in a Lease Agreement? Yes \_\_\_\_ No \_\_\_\_ Have You Given Written Notice Yes \_\_\_\_ No \_\_\_\_  
Reason for Moving \_\_\_\_\_  
Residency for Last Two Years (if you have not been at your current address for longer than two years)  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_

## RESIDENT EMPLOYMENT HISTORY

Current Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ - \_\_\_\_\_ Rate of Pay \_\_\_\_\_ per \_\_\_\_\_  
Second Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ - \_\_\_\_\_ Rate of Pay \_\_\_\_\_ per \_\_\_\_\_  
Other Source of Income \_\_\_\_\_ Amount \_\_\_\_\_

*Proof of income from all sources is required for approval process. Please provide a copy of paycheck stub, direct deposit or W2.*

## APARTMENT OCCUPANTS OTHER THAN SELF

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

## PERSONAL HISTORY INFORMATION

Have you ever been asked to move out or been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year \_\_\_\_\_  
Have you ever broken a rental agreement or lease? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year \_\_\_\_\_  
Have you ever been sued for damage to a rental unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
Are you a registered sex-offender? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you a student? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US

\_\_\_\_ Drive By \_\_\_\_ LexingtonRidge.com \_\_\_\_ Google \_\_\_\_ For Rent \_\_\_\_ 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 APPROVED, 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 re lease information regarding this application, my credit, tenant, check writing histories and/or my criminal record to RentGrow, Inc. dba Yardi Resident Screening (YRS). Agencies used by YRS to acquire this information may include, but are not limited to, Experian, Equifax, Trans Union, Telecheck, and/or any law enforcement agency. Upon request, YRS 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 \_\_\_\_\_ Rental Rate \_\_\_\_\_ Security Deposit \_\_\_\_\_ Lease Term \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Leasing Agent \_\_\_\_\_  
W/D Needed? Y or N Garage Needed? Y or N

