



1021 S. Howard St ~ Fremont, NE 68025  
 (402) 721-4283 (402) 753-9947 fax

**RENTAL APPLICATION**

**Application approval for our properties is based on a record of good credit, ability to pay based on our Company guidelines and a positive, verifiable rental history.**

**\*\*PLEASE ATTACH A COPY OF EACH APPLICANT'S DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED I.D.\*\***

**\*\*\*\$20 APPLICATION FEE PAYABLE TO: Christensen Group, LLC\*\*\***

Office Use Only:			
Date Submitted	Time Submitted	Application Fee Collected – Amount	
Driver's License Copy		Approved?	Denied?
Credit Check			Date Denial Letter Sent
Background Check		Apt #	
Rental History Check		Move In Date	
Employment Verification		Wall Color	
Referral? Y N If yes – name and apt # of referral			

How did you hear about us? \_\_\_\_\_

**PLEASE INDICATE WHICH APPLIES**

I am applying for:  **Deerfield Clubhouse** ||  **Conestoga Crossing** || I would like a:

I would like a: 1 2 3 Bedroom ||  2 Bedroom ||  Twelve (12) month Lease

I prefer:  Ground Floor  Upper Level ||  End Unit  Any

Garage?  Yes  No ||  Yes  No

NOTE: Due to availability, we may not be able to accommodate your preference.

Approximate Move In Date: \_\_\_\_\_

**PLEASE TELL US ABOUT YOURSELF (DETAILS NECESSARY FOR CREDIT VERIFICATION)**

(All applicants 19 years and older must complete an application, attach additional forms if necessary)

**FULL NAME** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Government ID # (drivers license, state ID card) \_\_\_\_\_

E-Mail Address(s) \_\_\_\_\_

*Will anyone other than listed above occupy the premises with you? (Maximum of 2 persons per bedroom)*

*If over the age of 19, please provide SS# for background check*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**RESIDENCE HISTORY FOR THE PAST 3 YEARS (DETAILS NECESSARY TO COMPLETE LANDLORD VERIFICATION)**

(Attach additional pages, if necessary)

**CURRENT ADDRESS** \_\_\_\_\_ CITY, ST ZIP \_\_\_\_\_

Landlord \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_ CITY, ST ZIP \_\_\_\_\_

Landlord \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**BANK AND PERSONAL REFERENCES**

**YOUR BANK** City-State or Branch Account Type Telephone  
1 \_\_\_\_\_  
2 \_\_\_\_\_

**YOUR PERSONAL REFERENCES** Relationship To You Telephone  
1 \_\_\_\_\_  
2 \_\_\_\_\_

**EMPLOYMENT INFORMATION (DETAILS NECESSARY TO COMPLETE EMPLOYMENT VERIFICATION)**

**CURRENT EMPLOYER** \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Date Employed / From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Your Monthly Salary Before Taxes \$ \_\_\_\_\_  
Other Income? (Sources) \_\_\_\_\_ Amount \$ \_\_\_\_\_

**VEHICLES: (maximum of 2)**  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

**PLEASE ANSWER YES OR NO:**

	<b>Applicant</b>	<b>Co-Applicant</b>
1. Have you <b>EVER</b> declared bankruptcy?	_____	_____
2. Have you <b>EVER</b> been evicted?	_____	_____
3. Do you have any collection accounts/judgments?	_____	_____
4. Have you <b>EVER</b> broken a Rental Agreement or Lease?	_____	_____
5. Have you <b>EVER</b> been sued for damage to a rental property?	_____	_____
6. Have you <b>EVER</b> been convicted of a felony?	_____	_____
7. Do you have a pet?	_____	_____
8. Do you have a home based business?	_____	_____
9. Does anyone in your household smoke?	_____	_____

**If Yes, to any of the above, explain** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:** \_\_\_\_\_  
Relationship: \_\_\_\_\_ Full Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:** \_\_\_\_\_  
Relationship: \_\_\_\_\_ Full Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Landlord has the full authorization to obtain any information on applicant regarding employment, salary, rental history, credit, bank information and a criminal background check as needed by CHRISTENSEN CORPORATION and further shall be permitted to share rental background information with a third party.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_