

Provide copy of driver's license.



\$35 application fee per adult applicant

Mail to: Kearney Rental Pros
5609 1st Ave. Ste. D
Kearney, NE 68847

Kearney Rental Pros
5609 1st Ave Ste. D
Kearney, NE 68847
Ph: 308.338.8100
Fax: 308.455.1282
kearneyrentalpros.com

Date: _____ Rental Unit Applied for _____

How many will be living in this unit? Adults _____ Children _____ Pets _____

Commencement Date: _____ Term _____ Rent/Month _____

Personal Information

Name of Applicant _____ Phone No. _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ E-Mail _____

Present Address _____ City/State/Zip _____

Name of Landlord _____ Telephone _____ Current Rent _____

Prior Address _____ City/State/Zip _____

Name of Prior Landlord _____ Telephone _____

Employer _____ Occupation _____

Current Salary _____ /# of Hours _____ How Long employed _____

Contact Person _____ Phone No. _____

Additional Monthly Income: _____

(child support, Social Security, settlement, etc **please provide proof**)

Personal/Credit References- No Family Members

| Name | Relationship | Telephone |
|-------|--------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please provide two emergency contacts

Name/Relationship Address Phone

Name/Relationship Address Phone

Co-Applicant Information

Name of Applicant _____ Phone No. _____

Social Security No _____ Date of Birth _____

Driver's License No. _____ E-Mail _____

Present Address _____ City/State/Zip _____

Name of Landlord _____ Telephone _____ Current Rent _____

Prior Address _____ City/State/Zip _____

Name of Prior Landlord _____ Telephone _____

Employer _____ Occupation _____

Current Salary _____/# of Hours _____ How Long employed _____

Contact Person _____ Phone No. _____

Additional Monthly Income _____

(child support, Social Security, Settlement, etc **please provide proof**)

Personal/Credit References- No Family Members

| Name | Relationship | Telephone |
|-------|--------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please provide two emergency contacts

| Name/Relationship | Address | Phone |
|-------------------|---------|-------|
| _____ | _____ | _____ |

| Name/Relationship | Address | Phone |
|-------------------|---------|-------|
| _____ | _____ | _____ |

Other Information

Number of Vehicles (Including company cars)

Make/Model _____ Year _____ Color _____

Plate No. _____ State _____

Make/Model _____ Year _____ Color _____

Plate No. _____ State _____

Make/Model _____ Year _____ Color _____

Plate No. _____ State _____

Have Either Applicant Ever:

Has either applicant been charged with a felony? _____ or misdemeanor? _____ Please mark which.

If Yes, Who, When and for what? _____

Has either applicant been convicted of a felony? _____ or misdemeanor? _____ Please mark which.

If yes, Who, When and for What? _____

Filed for Bankruptcy: ___ Yes ___ No If yes, when? _____

Been served an eviction notice or been asked to vacate _____ Yes _____ No
Property you were renting?

Willfully or intentionally refused to pay rent when due? ___ Yes ___ No
If yes, when? _____

Been sued for unlawful detainer? ___ Yes ___ No

How were you referred to us? ___ Newspaper ___ Realtor (Name) ___ Online ___ Other _____

Acknowledgement

I/We, the undersigned, understand that Kearney Rental Pros is the leasing agent and representative for the Owner/landlord and that the leasing agent's fees will be paid by the owner/landlord. The undersigned acknowledge that this written notice was received prior to the undersigned receiving a lease agreement.

Applicant's Signature Date Co-Applicant's Signature Date

Consent to Obtain Credit/Employment Information

I/We authorize Kearney Rental Pros, to investigate my/our credit qualifications and hereby release, in any manner, all of the information obtained by you. I/We further release all persons, agencies, or firms from liabilities resulting from providing such information.

I/We declare under penalty of perjury that the information listed in this application is true and correct.

Executed on this ___ day of _____, 20___, in the city of Kearney, state of NE.

Applicant's Signature Date Co-Applicant's Signature Date

The undersigned authorizes landlord, leasing agent, and representatives of owner/landlord to contact the undersigned's current or previous landlord, and current employer, and further, by a copy of this Application, authorizes any said landlord or employer to release pertinent residential and employment history information to be used in evaluating my lease application. I further authorize owner/landlord, leasing agent or its representatives to apply for or obtain an investigation or credit report in connection with this application. I understand that said investigation or credit report may contain information obtained from various state governmental and private entities relative to the undersigned's number of children, employment, occupation, general health, financial, and criminal history information.

RENTAL PROPERTY SECURITY DEPOSIT AGREEMENT

KEARNEY RENTAL PROS
5609 1ST AVE. STE.D, KEARNEY, NE 68847
PHONE 308-338-8100 FAX 308-455-1282

I (Applicants) hereby acknowledge the deposit of \$_____ in certified funds (with Landlords signed receipt*) with KEARNEY RENTAL PROS to be held as Security Deposit on the apartment located at:

_____ with possible occupation on the _____.
(All deposits are due with signed Application). *A copy of all receipts will be attached to this Application and one given to Applicant.

1. That if I Applicant(s) cancel or withdraw this Deposit Agreement at any time after the below mentioned date and time, the entire deposit shall not be refunded to me. If the Deposit Agreement has to be turned over to a collection agency to collect for the deposit amounts, I Applicant(s) will also pay all collection fees.

2. That the Security Deposit paid with the Deposit Agreement shall be forfeited as liquidated damage, in the event I (Applicant(s) do not execute the final lease agreement prior to occupying the above stated property, or should I cancel per Item 1 above.

3. That I (Applicant) shall not be allowed to apply this deposit toward the balance of any unpaid rent, fees or late charges.

4. That if I (Applicant(s) vacate the above named property prior to the last month of the initial lease agreement or any extension thereof, without giving a written notice of at least thirty (30) days prior to the rental payment due date. the entire deposit shall be forfeited.

4. That this Security Deposit is also subject to My (Applicant) fulfilling all terms of the lease agreement or any extension thereof not specified herein.

APPLICANT

Printed Name

DEPOSIT RECEIPTS
OFFICE USE ONLY

Receipt of Security Deposit \$_____

Check or Money Order

Money order/Check # _____

RENTAL PROPERTY SECURITY DEPOSIT
AGREEMENT

KEARNEY RENTAL PROS
5609 1ST AVE. STE. D, KEARNEY, Ne 68847
PHONE 308-338-8100 FAX 308-455-1282

Receipt of Security Deposit \$ _____

Check or Money Order _____

For Property

Located: _____

~~Check/Money Order #~~ _____

Security Deposit Received By: _____

Date _____ Time _____



Kearney Rental Pros
The team that knows
Rental Division of Vertical Focus Realty



Renters Insurance Information

It is the responsibility of each resident to insure personal possessions. It is required that Tenants obtain renters insurance to protect against liability claims and damage to the premises caused by Tenants or Tenant's Guest. It is required that the Tenant obtain insurance to cover loss or damage to their personal possessions. Tenant acknowledges that tenant will be responsible to others for the full cost of any injury, loss, or damage caused by Tenants or Tenant's Guests. Tenant is not to be considered co-insured with Management/Owner on any of the Management/Owners insurance policies and resident will not be covered by such insurance. Management is not liable for any damage or offset of rent because of utility interruptions or other services furnished to the resident.

The insurance certificate must also list the property they reside at as a named insured (details below). Management requires verification of insurance coverage for purposes of updating its records.

Please remember, Residents are not to be considered co-insured with Management/Owner on any of the Management/Owners insurance policies and resident will not be covered by such insurance. Additionally, Management is not liable for any damage or offset of rent because of utility interruptions or other services furnished to the resident.

Kearney Rental Pros offers our residents the option to utilize State Farm – Cory Kruse to obtain renters insurance. You may get a quote and obtain coverage by visiting <https://www.statefarm.com/agent/US/NE/Kearney/Cory-Kruse-3Y6V51YS000> or calling (308) 234-2740. Tenants also have the option to coverage through an insurance agency of their choice, so long as the minimum requirements are met.

Here is the information which you or your insurance agent will likely need:

1. Named Insured:
 1. It is important that your policy lists your name(s) as indicated above, as that is how it is listed on your application and leasing agreement. If your name appears incorrect, it is your responsibility to immediately notify Kearney Rental Pros. (Each leaseholder must provide proof of coverage).
2. Additional Named Insured (Required): Kearney Rental Pros
3. Address:

Should you or your insurance agent need any additional information, please contact the Kearney Rental Pros Office at (308) 338-8100. We will gladly assist you!

Tenant Signature

Date