



**THE WILLOWS**  
 CENTURY SALES AND MANAGEMENT CO.  
 1800 Knox  
 Lincoln, Nebraska 68521  
 Phone: (402) 437-8322 Fax: (402) 437-8323

**Application Fee: \$20.00**  
 non-refundable and must be separate from deposit.  
 Applications will not be processed if a deposit is not submitted. All applicants must be at least 19 years of age, or 18 with a parent /guardian as co-signer. All applicants must provide a valid picture ID at time of move in.

**RESIDENCY APPLICATION**

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

1. LEGAL NAME \_\_\_\_\_  
 (Please Print)                      First                                      Middle                                      Last

2. SOCIAL SECURITY # \_\_\_\_\_

3. DATE OF BIRTH \_\_\_\_\_ DR LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

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 \_\_\_\_\_/yr \_\_\_\_\_/mo

Other Income: Source \_\_\_\_\_ Amount \_\_\_\_\_  
 (Be prepared to provide proof of this income)

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) \_\_\_\_\_

Phone (Work) \_\_\_\_\_



**11. Your Personal History:**

Have you ever?.....

- a. been asked to move out or been evicted? Y/N
- 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 involving? Y/N

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

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

**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. APPLICANT WILL BE RESPONSIBLE FOR RENT FROM DATE OF MOVE-IN OR 14 DAYS AFTER APPLICATION IS SUBMITTED, WHICHEVER COMES FIRST.** All cancellations must be in writing. If the application is declined, the deposit will be refunded. I also understand that **PETS ARE NOT ALLOWED.** 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, 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. Agencies used by Tenant Data Services to acquire this information may include, but are not limited to, Experian (TRW) Credit Services, Equifax/Capital CSC Credit Services, TeleCheck, and/or any law enforcement agency. Upon request, Tenant Data 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.

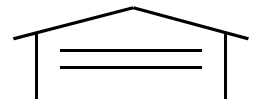
Resident acknowledges and consents that he/she understands that CENTURY SALES & MANAGEMENT CO. is the common law agent for the owner, and as such resident is a customer, not a client of CENTURY SALES & MANAGEMENT CO.

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

**MOVE-IN DATE:** \_\_\_\_\_ **SECURITY DEPOSIT:** \_\_\_\_\_

**LEASE TERM:** \_\_\_\_\_ **RENTAL RATE:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT SIGNATURE** **DATE**



Equal Housing  
Opportunity

Office Use Only: Received by: \_\_\_\_\_ Property Manager: \_\_\_\_\_ Leasing Agent: \_\_\_\_\_  
2/1/05

**\*\*\*OFFICE USE ONLY\*\*\***

**VERIFICATION**

RENTAL \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_ TDS \_\_\_\_\_

**APPROVED**

**DECLINED**

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_