



What we Need:
 -Driver's License
 -Social Security Card
 -Three Months of Paystubs
 App Fee: \$35 first; additional \$25



APPLICANT 'S INFORMATION					
Applicant's (First Name) Name		(Middle Name)		(Last Name)	
Date of Birth		Place of Birth		Preferred Move in Date:	
Note: Applicant must be 19 in the State of Nebraska.					
Applicant's Email					
Social Security Number, or Green Card/VISA (Copy of SS Card or Alternative Document with SS# Required)			Driver's License Number (Copy of License Required. If no license, state issued photo ID.)		State
Please complete last three (3) years of residency.					
Present Address		Street	City	State	Zip Code
				County	
Mobile Phone () -		Home Phone () -		Rent/Mortgage \$ /month	
Landlord/ Mortgagee Name			Phone No. () -	Length of Residency Start:	End:
Street			City	State	Zip Code
If at previous address less than two years, please complete the following previous address as well.					
Previous Address		Street	City	State	Zip Code
				County	
Home Phone () -		Work Phone () -		Rent/Mortgage \$ /month	
Landlord/ Mortgagee Name			Phone Number () -	Length of Residency Start:	End:
Street			City	State	Zip Code
If at previous address less than two years, please complete the following previous address as well.					
Previous Address		Street	City	State	Zip Code
				County	
Home Phone () -		Work Phone () -		Rent/Mortgage \$ /month	
Landlord/ Mortgagee Name			Phone No. () -	Length of Residency Start:	End:
Street			City	State	Zip Code
EMPLOYMENT INFORMATION					
Current Employer				Supervisor	
Street Address			City	State	Zip Code
Period of Employment From		To	Phone Number () -	Monthly Income	Position
Other Sources of Income				Current Total Annual Income	
Previous Employer				Supervisor	
Street Address			City	State	Zip Code
Period of Employment From		To	Phone Number () -	Monthly Income	Position
VEHICLE INFORMATION					
Color	Year	Make	Model	License Number	State
Color	Year	Make	Model	License Number	State



PERSON(S) OTHER THAN APPLICANT TO OCCUPY APARTMENT
(A Guarantor or Person(s) of legal adult age living in apartment are required to complete a Rental Application as well – minors and/or children are not required to complete Rental Application)

Total number of person(s) to occupy Apartment						
Name		Relationship		Age		
Name		Relationship		Age		
Name		Relationship		Age		
Name		Relationship		Age		
Will anyone in your household require any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Has anyone in your household ever been evicted? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Has anyone in your household ever been convicted for any reason? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor						
Please Explain						
<input type="checkbox"/> Yes <input type="checkbox"/> No *Maximum Allowed Two*	Pet(s) Owned	Type	Breed	Color	Age and Weight	Name
	Type	Breed	Color	Age and Weight	Name	

EMERGENCY CONTACTS
(Other than Occupant living in Apartment; Only one is required)

Name			Phone Number () -		
Street Address		City	State	Zip	
Name			Phone Number () -		
Street Address		City	State	Zip	
Referred to Us By/ Website Used					

I hereby make application to lease and agree that the rent is payable the first day of each month in advance. As consideration, I paid a deposit and application fee. Balance of deposit to be paid upon execution of the lease unless otherwise stated in the lease. I understand that, in addition, my application fee will be retained, to offset Martinique/ Normandy Apartments cost, time, and effort in processing my application. Upon acceptance of this application, I agree to execute a lease. I recognize that, as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained regarding my credit history, employment history, criminal history, and housekeeping history. This inquiry includes information as to my character, reputation, personal characteristics, and mode of living. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. **In the event this application is accepted, but I subsequently refuse to sign a lease and/or take possession of the premises, the deposit will be forfeited as damages.** I state that the information I have provided is true and correct to the best of my knowledge.

Applicant's Signature	Date
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Rental Verification

Hello,

The prospective tenant(s) have applied with us and I would like to obtain a rental verification as soon as possible. Please fill out the information below and fax back to (402) 397-3935 or email back to info@martiniqueomaha.com. Thank you and have a great day!

Tenant(s) Signature: _____

Tenant(s) Name: _____

Tenant(s) Address: _____

TO BE COMPLETED BY LANDLORD
Your Name & Title: _____
Last Rent Amount Paid: _____
Occupied From: _____ to _____
Rent Paid on Time? _____ # Late: _____ # NSF: _____
Any 7/30- day notices served? _____
Has Resident Given Proper Notice? _____
Any Behavior/Maintenance Problems? _____
(i.e. Bed Bugs, Roach Infestations)
Would You Rent to Again? Yes/ No

Thank you!

The Martinique Apartments



Date: _____

To whom it may concern: This is an authorization to release the information concerning the employment of _____
(Print Name)

Please provide the information below.

We appreciate your cooperation and prompt return of this information. Thank you and have a great day!

(Employee's Signature)

Employee's Social Security Number

TO BE COMPLETED BY EMPLOYER		
Employer's Name: _____		
Street Address: _____		
Telephone: _____		
Employment Start Date: _____ End Date: _____		
Pay Frequency: _____ Rate of Pay: _____		
Usual Number of Weekly Hours: _____		
Gross Wages: _____ to _____		
_____ (Employer's Signature)	_____ (Title)	_____ (Date)

Please Return To:

Martinique Apartments

Phone: (402) 397 – 2770

Fax: (402) 397 – 3935

Email: info@martiniqueomaha.com