SKY PARK APARTMENTS

Our Application Process

We are working with neighbors, other landlords and law enforcement in this area to maintain the quality of the neighborhood. We want to assure that people do not use rental units for illegal activity. To that end, we have a thorough screening process.

Because it costs us time and money to do a thorough check of your application, there is a non-refundable application-processing fee of \$25. We will accept the first qualified applicant. If we do not process your application due to accepting an earlier applicant, your fee will be refunded.

If you meet the application criteria and are accepted, you will have the peace of mind of knowing that other renters in this apartment complex are being screened with equal care, and that the risk of illegal activity occurring in the area is reduced.

Please review our list of criteria. If you feel you meet the criteria, please apply because we'd be happy to rent to you. Also, if you have any questions or concerns, feel free to ask.

Please note that we provide equal housing opportunity. We do not discriminate on the basis of race, color, religion, sex, handicap, national origin, or familial status.

Applicant Screening Criteria

- A complete application. If a line isn't filled in, or the omission explained satisfactorily, we will return it to you.
- A criminal history check. We will check for criminal convictions for felonies and outstanding arrest warrants. Convictions for felonies within the last five years will be cause for refusal to rent
- Rental history verifiable from unbiased sources. If you are related by blood or marriage to one
 of the previous landlords listed, or your rental history does not include at least two previous
 landlords, we will require a qualified co-signer on your lease. Qualified co-signers must meet all
 applicant-screening criteria.

It is your responsibility to provide us with the information necessary to allow us to contact your past landlords. We reserve the right to deny your application if, after making a good faith effort, we are unable to verify your rental history.

If you owned, rather than rented, your previous home, you will need to furnish mortgage company references.

• Sufficient income/resources. If self-employed, it is your responsibility to provide us with copies of financial or bank statements and/or tax returns.

If you are accepted, you will be required to sign a rental agreement in which you will agree to abide by the rules of the rental unit or complex. A complete copy of our rental agreement is available for anyone who would like to review it. Only those who sign the agreement will be permitted to become tenants at the residence.

402-475-1301 phone & fax skypark@windstream.net

RENTAL APPLICATION

Date of Application:	Desired date of occupancy:		
Apartment number			
How Did You Hear About Our Proper	ty?		
PERSONAL INFORMATION APPLICANT'S FULL NAME		Date o	f Birth:
Telephone number:	Email address:		
Social Security No.:	DL No./Sta	ite:	
CO-APPLICANT'S FULL NAME Social Security No.:	DL No./Sta	Date	of Birth:
Relationship:			
Full Names of All Other Residents:	Relationsh	ip	Date of Birth
RESIDENCE HISTORY			
PRESENT ADDRESS:			
Dates From:	To:		
Present Landlord/Mortgage Co		Teleph	one:
Monthly Payment \$:	Reason for Moving: _		
PREVIOUS ADDRESS:			
Dates From:			
Previous Landlord/Mortgage Co		Teleph	one:
Monthly Payment \$:	Reason for Moving: _		
OTHER INFORMATION Vehicle Make/Model:	Year	Color	Lic. No:
Vehicle Make/Model:			
Other Car, Motorcycle, etc.			
HAVE YOU OR CO-APPLICANT EVER:	Been sued for non-p	ayment of re	ent? Yes 🗌 No 🗀
Been evicted or asked to move out?	Yes 🗌 No 🗌 Broke	en a Rental A	greement or Lease? Yes
Been sued for damage to rental prop	perty? Yes 🗌 No 🗌	Declared Ba	nkruptcy? Yes 🗌 No

EMPLOYMENT INFORMATION

PRESENT EMPLOYER				
Employer's Address:		Telephone:		
Position:		Supervisor:		
Dates From:	To:	Gross Monthly Salary \$:		
PREVIOUS EMPLOYER				
Employer's Address:		Telephone:		
Position:		Supervisor:		
Dates From:	To:	Gross Monthly Salary \$:		
CO-APPLICANT'S EMPLOYE	ER			
Employer's Address:		Telephone:		
Position:		Supervisor:		
Dates From:	To:	Gross Monthly Salary \$:		
		Telephone: Savings Acct. No		
	Telephone:			
	Acct. No.:			
		Acct. No.:		
		Telephone:		
	NAL REFERENCETelephone:			
AUTHORIZATION Please read carefully be	efore signing:			
supplied. It is important t	that the informati accuracy of the i	anagement will rely heavily on the information that you have ion be accurate and complete. By signing this application, y information and you authorize management to verify		
SIGN NAME:		Date:		
PRINT NAME:				
SIGN NAME:		Date:		
PRINT NAME:				