

PROPERTY ADDRESS: _____

Rental Application

Applicant Information

Name:		E-mail:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Landlord:			Phone #
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?
Landlord:			Phone #

Vehicle Information

Type of Car:	Year:	Color:	License #:
Amount of Loan:			

Occupancy - Children Information

Name	Age	Relation
Name	Age	Relation
Name	Age	Relation

Employment Information

Current employer:		Supervisor:	
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

Military

Branch:	Rank:
Stationed Out Of:	Discharge Date:
I.D. #:	Expiration Date:

Child Support

Child Support Payments? Paying Receiving (Please Circle)	How Much?
Alimony Payments? Paying Receiving (Please Circle)	How Much?

State Assistance

Food Stamps? Yes No (Please Circle)	How Much?
Medicaid? Yes No (Please Circle)	Who?

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Personal References

Name:	Relation:	Phone:
Address:	City:	State/Zip:
Name:	Relation:	Phone:
Address:	City:	State/Zip:

Nearest Relative

Name:	Relation:	Phone:
Address:	City:	State/Zip:

Pets

Name:	Type:	Breed:
Appx. Weight: lbs.	Sex:	Outdoor/Indoor:

Co-Applicant Information			
Name:		E-mail:	
Date of birth:	SSN:	Phone:	
Current address:			
City:		State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:		How long?
Landlord:			Phone #
Previous address:			
City:		State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:		How long?
Landlord:			Phone #
Vehicle Information			
Type of vehicle:	Year:	Color:	License #:
Amount of Loan:			
Occupancy - Children Information			
Name	Age	Relation	
Name	Age	Relation	
Name	Age	Relation	
Employment Information			
Current employer:		Supervisor:	
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly Salary (Please circle)		Annual income:
Military			
Branch:		Rank:	
Stationed Out Of:		Discharge Date:	
I.D. #:		Expiration Date:	
Child Support			
Child Support Payments? Paying Receiving (Please Circle)		How Much?	
Alimony Payments? Paying Receiving (Please Circle)		How Much?	
State Assistance			
Food Stamps? Yes No (Please Circle)			How Much?
Medicaid? Yes No (Please Circle)		Who?	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Personal References			
Name:		Relation:	Phone:
Address:		City:	State/Zip:
Name:		Relation:	Phone:
Address:		City:	State/Zip:
Nearest Relative			
Name:		Relation:	Phone:
Address:		City:	State/Zip:
Pets			
Name:		Type:	Breed:
Appx. Weight: lbs.		Sex:	Outdoor/Indoor:

Do you own any real estate? _____ Yes _____ No

If so, where and what? _____

Have you ever filed a petition for Bankruptcy? _____ Yes _____ No **(must be over 7 years old)**

Have you ever been evicted from any tenancy? _____ Yes _____ No **(must be over 7 years old)**

Have you ever been convicted of a felony? _____ Yes _____ No **(must be over 7 years old)**

Have you ever willfully and intentionally refused to pay rent when due? _____ Yes _____ No

Do you know anything which may interrupt income or ability to pay rent? _____ Yes _____ No

How did you hear about this property? _____

I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge, authorize its verification and the obtaining of a credit report. I understand that any false answers or statements made by me will be sufficient grounds for eviction and loss of security deposit.

Initial: _____ Initial: _____

Applicant's Signature

Date

Co-Applicant's Signature

Date

DISCRIMINATION

It is illegal to discriminate against tenants on the basis of race, religion, national origin, age, or neighborhood racial makeup.

***\$45.00 per adult applicant must be included with Rental Application.
If paying with cash, please have exact amounts.***

To submit by mail please send to:

Bel Fury Investments Group, L.L.C
PO Box 3747
Omaha, NE 68103

Bel Fury Investments Group, L.L.C
REQUEST FOR RESIDENCY VERIFICATION

Date: _____

Attn: _____

Phone: _____

Fax: _____

The person(s) below has applied for housing at one of our properties. The applicant has listed this property as a current or previous address. By signing below, the applicant gives you permission to release residential history and information to us. Your assistance in providing the following information is greatly appreciated.
Please fax back the information to (402) 341-6132

Applicant's Name: _____

Applicant's Signature

Date

FOR OFFICE USE ONLY

1. Verification of rental property address: _____
2. Dates applicant lived/rented at this address: _____
3. Are you a friend/relative of applicant: _____
4. Is the applicant: Current Resident: _____ Currently in a Lease Agreement: _____
Previous Resident: _____ Was Lease Fulfilled: _____
5. Amount of monthly rent: _____
6. Does/Did applicant pay on time: _____ If not, how often was applicant late: _____
7. Does applicant currently have a balance due: _____ If yes, how much: _____
8. Have you ever began or completed eviction proceedings on applicant: _____
9. Was or will security deposit be refunded: _____ If not, Why: _____
10. Was or had proper notice been given: _____

Thank you for completing the residency verification. Your time and effort is appreciated.

Signature

Title

Date

Email address: management@belfury.com
3035 Harney Street Ste. 202, Omaha, NE 68131 Phone: (402) 341-1720 Fax: (402) 341-6132

Bel Fury Investments Group, L.L.C
REQUEST FOR EMPLOYMENT VERIFICATION

Date: _____

Company Name: _____

Attn: _____

Phone: _____

Fax: _____

The person(s) below has applied for housing at one of our properties listing you company as a current employer. By signing below, the applicant gives you permission to release employment history and any related information to us as well as answering the questions below. Your assistance in providing the following information is greatly appreciated.

Please fax back the information to (402) 341-6132

Applicant's Name: _____

Applicant's Signature

Date

FOR OFFICE USE ONLY

1. How long has above mentioned been with your company: _____
2. Monthly gross pay: _____ Monthly net pay: _____
Hourly rate (gross): _____ Hours per week: _____
3. Are you a friend/relative of applicant: _____
4. Is there any reason this employee will be laid off: _____
5. Any other comments that you think would be beneficial to know: _____

Thank you for completing the employment verification. Your time and effort is appreciated.

Signature

Title

Date

Email address: management@belfury.com
3035 Harney Street Ste. 202, Omaha, NE 68131 Phone: (402) 341-1720 Fax: (402) 341-6132

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Signature

Title

Date