+

Bel Fury Investments Group, L.L.C.

3035 Harney Street, Suite: 202

Omaha, NE 68131

www.therighthome.net

**Please be sure the following Four (4) items accompany your rental application:**

1. Your non-refundable application screening fee of $50 in the form of cashier’s check, money order or cash for each applicant over the age of 19. For online applications, a Debit or Credit Card is accepted.

2. Picture I.D., (Driver’s license, Green Card or Passport)

3. Income must be at least twice the rent.

4. Proof of Income: Current months’ worth of paystubs or an official letter from your employer on company letterhead should be attached to the application. For self-employed, 1099 applicants, your last two years of tax returns are required.

**Please Note:**

* It takes 3-5 business days to process an application.
* No evictions or Felonies in the last 7 years
* No Bankruptcy in the last 7 years
* At least 6 months of employment required.
* At least 1 year of residential history required.
* We do not accept Section 8.
* All leases are 24 months with option to renew.
* We allow 2 dogs but no bully breeds. We do not accept cats or other animals**.** Pet rent is $50.00 per pet and a 25% one-time Pet Fee.

**If you have any questions before turning in your application, please call 402-341-1720.**

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| 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: | | | | | | | | | | | | | | |
| Children Information | | | | | | | | | | | | | | |
| Name | | | | Age | | | | | | | Relation | | | |
| Name | | | | Age | | | | | | | Relation | | | |
| Name | | | | Age | | | | | | | Relation | | | |
| Employment Information | | | | | | | | | | | | | | |
| Current employer: | | | | | | | | | | | | | | |
| 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? Yes No (Please Circle ) | | | | | | | | How Much? | | | | | | |
| Alimony Payments? Yes No (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**  **Vehicle Information** | | | | | | | | | | | | | | |
| Type of vehicle: | Year: | | | | | | Color: | | | | | | License #: | |
| Amount of Loan: | | | | | | | | | | | | | | |
| Children Information | | | | | | | | | | | | | | |
| Name | | | | Age | | | | | | | Relation | | | |
| Name | | | | Age | | | | | | | Relation | | | |
| Name | | | | Age | | | | | | | Relation | | | |
| Employment Information | | | | | | | | | | | | | | |
| Current employer: | | | | | | | | | | | | | | |
| 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? Yes No (Please Circle ) | | | | | | | | How Much? | | | | | | |
| Alimony Payments? Yes No (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 in the past seven years?**\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No**

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.

***$50.00 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Amount of monthly rent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does/Did applicant pay on time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, how often was applicant late: \_\_\_\_\_\_\_\_
3. Does applicant currently have a balance due: \_\_\_\_\_\_\_\_\_\_\_ If yes, how much: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you ever begun or completed eviction proceedings on applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Was or will security deposit be refunded: \_\_\_\_\_\_\_\_\_\_\_\_ If not, Why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a friend/relative of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is there any reason this employee will be laid off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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: officeadmin@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 RESIDENCY VERIFICATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Amount of monthly rent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does/Did applicant pay on time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, how often was applicant late: \_\_\_\_\_\_\_\_
3. Does applicant currently have a balance due: \_\_\_\_\_\_\_\_\_\_\_ If yes, how much: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you ever begun or completed eviction proceedings on applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Was or will security deposit be refunded: \_\_\_\_\_\_\_\_\_\_\_\_ If not, Why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

|  |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a friend/relative of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is there any reason this employee will be laid off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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](mailto:management@belfury.com)

3035 Harney Street Ste. 202, Omaha, NE 68131 Phone: (402) 341-1720 Fax: (402) 341-5142