

Rental Application

Complete this form and return to:

Bruce or Deb Docter Box 155 Firth NE 68358 402-580-0674
BDocter@hotmail.com

Property Address or location: _____

Name (First) (Middle) (Last) Phone Number

Social Security Number Credit Score Date of Birth

Co-applicant Name Phone Number

Co-applicant Social Security Number Credit Score Date of Birth

Current Address (Street Address) (Mailing Address if different) City, State & Zip

Place of Employment Years

Co-applicant Employment Years

Emergency Contact Phone Number

Is anyone living in the house a registered sex offender? _____

Current Landlord Name Address Phone Number

Previous Landlord Name Address Phone Number

I verify that all information stated above is correct. I, the undersigned give Bruce Docter or his agent the right to check the above references, including a credit check.

Signature of Applicant Signature of Co-Applicant

Date Date