

# LPC QUICK CHECK APPLICATION

**The most recent 2 years resident history required. Must provide dates of residency, landlord names and phone numbers for all addresses. The application cannot be submitted for processing until all information is provided.**

Property Name \_\_\_\_\_ Unit # \_\_\_\_\_ Rent Amount \_\_\_\_\_ Move in Date \_\_\_\_\_

Last Name	First Name	Middle/Maiden	Suffix
Social Security #	Date of Birth	Driver's License #	State
Spouse Last Name	First Name	Middle/Maiden	Suffix
Social Security #	Date of Birth	Driver's License #	State

Are you a US Citizen? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Current Address**      *LPC requires at least 2 years resident history. For additional addresses, see supplemental address information on page 2. List all addresses that may be reported by a credit agency.*

Street Address	Apt #	City	State	Zip
Home Phone	Work Phone	E-mail		
Landlord / Mortgage Name	Phone #	Move In Date		

Total Gross Monthly Income      \$     

**Emergency Contact** (Will be the person listed on the lease as the emergency release representative)

Name	Phone
Address	City      State      Zip

### SUPPLEMENTAL INFORMATION

Current Employer	Personnel Phone #	Hire Date
Address	City	State      Zip
Position	Gross Monthly Income	Supervisor Name

Spouse Current Employer	Personnel Phone #	Hire Date
Address	City	State      Zip
Position	Gross Monthly Income	Supervisor Name

**Vehicle Information**

License #	State	Year
Make	Model	

**Pet Information**

Type/Breed	
Height/Weight	lbs.      inches

**Roommates / Occupants Names and Birthdates (List only those that are applying with you today)**

	DOB:
	DOB:
	DOB:

**Renter's Insurance**      Do you carry renter's insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Carrier \_\_\_\_\_ Agent \_\_\_\_\_ Phone \_\_\_\_\_

I understand that the property's insurance coverage and insurance does not and cannot protect any personal belongings against burglary, vandalism, fire, smoke, and other perils. I also understand that by not having personal liability insurance, I may be liable to third parties and to the property owner for certain perils which are covered by renter's insurance.

IF NO INSURANCE, OWNER AND ITS REPRESENTATIVES STRONGLY RECOMMEND THAT RESIDENT SECURES INSURANCE.

Have you, your spouse, roommate or occupant listed on this application ever been:      Evicted or asked to move out? \_\_\_\_\_

Sued for non-payment of rent? \_\_\_\_\_ Sued for damage to rental property? \_\_\_\_\_ Convicted of a criminal offense? \_\_\_\_\_

Received deferred adjudication? \_\_\_\_\_ . If yes please explain, year location and type of each: \_\_\_\_\_

*You represent that the answer is "No" to any question left blank.*

LPC and Applicant acknowledge that Applicant has paid a non-refundable processing fee of \$ \_\_\_\_\_. LPC acknowledges that Applicant has also paid a holding deposit in the amount of \$ \_\_\_\_\_. If Applicant fails or refuses, for any reason, to occupy the apartment and notifies LPC within 48 hours after signing the application of their intention not to occupy the apartment, the holding deposit will be returned. If the Applicant fails to notify LPC of their cancellation within 48 hours of signing the Application, and fails to occupy the apartment, Lessor/Owner shall be entitled to damages of \$ \_\_\_\_\_ as administrative costs in addition to any and all damages provided for in the Lease Contract, including but not limited to damages for lost rent due to Applicants breach of Lease. Applicant, Owner and LPC agree these administrative costs are a reasonable forecast of the expenses incurred as a result of Applicant's failure to occupy the apartment and in no event will be considered a penalty. All parties agree this sum is an enforceable liquidated damage amount. If the Applicant is approved, the holding deposit will be applied to the deposit upon commencement of the lease.

**The facts set forth in my Application are true and complete. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation of credit agencies or bureaus of your choice.**

Resident Signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date \_\_\_\_\_



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Last Name	First Name	Middle/Maiden	Suffix
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## ADDITIONAL ADDRESS INFORMATION

### Previous Address 1

Street Address	Apt #	City	State	Zip
Home Phone	Work Phone	E-mail		
Landlord / Mortgage Name	Phone #	Dates: From	To	

### Previous Address 2

Street Address	Apt #	City	State	Zip
Home Phone	Work Phone	E-mail		
Landlord / Mortgage Name	Phone #	Dates: From	To	

### Previous Address 3

Street Address	Apt #	City	State	Zip
Home Phone	Work Phone	E-mail		
Landlord / Mortgage Name	Phone #	Dates: From	To	

### Previous Address 4

Street Address	Apt #	City	State	Zip
Home Phone	Work Phone	E-mail		
Landlord / Mortgage Name	Phone #	Dates: From	To	

## FOR OFFICE USE ONLY

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leasing Agent \_\_\_\_\_

Submitted to Quick Check By \_\_\_\_\_

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

Time: \_\_\_\_\_

Faxed to Lincoln Check by \_\_\_\_\_

Attach confirmation from fax machine to back of application

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

Time: \_\_\_\_\_