



RENTAL APPLICATION

Property:	Phone #: 702-451-8041 ext. 1622	Office Hours: Mon.-Fri. 8:30 am- 4 pm
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PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT N/A IN THE BLANK. APPLICATION FEE MUST BE PAID AT TIME OF SUBMISSION OF THIS APPLICATIONS

NAME (First, Last, Middle)				
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS IF DIFFERENT				
Telephone Number	Work Number	E-mail		
DOB:	Social Security No.:	DL #:		
Names and Dates of Birth of all Persons Residing in Apartment AND (Bedroom Size Requested)				
Does Anyone in the Household Request a Special Handicap Accessible Unit? _____ Yes _____ No				
Has Anyone Listed Above Ever Been Evicted of a Felony? _____ Yes _____ No When?				
Has Anyone Listed Above Ever Been Convicted, Pled Guilty or No-Contest to Any Crime? _____ Yes _____ No				
When _____	What _____	Where _____		
Cities, Counties & States Where You Have Lived Last 5 Years				
Do you have Pets? _____ Yes _____ No What? _____				
Source of Income? (List all sources, included but not limited to full or part time employment, social security benefits, Pensions, Disability, Unemployment, etc?)				
PREFERENCE: VETERANS STATUS:				
Have you ever been discharged or released from active duty in the Armed Forces under honorable conditions? _____ Yes _____ No				
Are you a Veteran, a spouse of a deceased Veteran and remained unmarried, or related to a deceased Veteran who was an immediate family member at time of death (children, dependent, parent)? _____ Yes _____ No				
Is the Veteran permanently absent from the household, but legally responsible for the support of one or more family members and the spouse is not remarried? _____ Yes _____ No				



EMPLOYMENT HISTORY

Present Employer:		Supervisors Name/Contact Phone:	
Address:	Street	City	Zip
Gross Monthly Salary:	Job Title:	Date Employed:	
Misc. Income Amount (Social Security, Disability, Child Support, etc.)			
Current Residence:	Street	City	Zip
Landlord Contact Name :	Telephone Number		Dates of Tenancy
Previous Residence:	Street	City	Zip
Landlord Contact Name	Telephone Number		Dates of Tenancy
In Case of Emergency Notify	Name		Phone Number

RENT, DEPOSIT, AND FEES: The market rents charged at the property range from \$_____ to \$_____. Security deposits range from \$_____ to \$_____, but the actual amount charged may vary depending on the results of your screening. The Landlord may charge the following fees: Application Fee: **\$ 40.00 (non-refundable)**; Late fee of : **\$30.00**; NSF fee equal to all bank charges related to NSF check and a non-compliance fee of \$5 for failure to clean up pet waste in areas other than dwelling unit. This information is subject to change prior to execution of the rental agreement.

Application screening entails the checking of your credit, income, and other criteria for residency. As part of the application process, Landlord may obtain an Investigative Consumer Report which may include information on your character, general reputation, personal characteristics and mode of living. You have a right to request a written summary of your rights under the Federal Fair Credit Reporting Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. The request should be made to the Landlord or the credit reporting firm listed on the Criteria for Tenant Selection. You have the right to dispute the accuracy of any information provided the landlord screening service or credit reporting agency. The name and address of the screening company can be obtained from either the Tenant Selection Criteria or the manager.

I hereby give the owner/owners representative (the Landlord) the authority to investigate and obtain my credit rating, my current and past rental records, my employment history, any source of income to my household, my criminal background check, and any information necessary to determine my eligibility. The information obtained will be used for management purposes only and will be held in the strictest confidence. Due to changes in circumstances additional information may be requested at a later date to complete the processing of this application. Your signature below certifies that the statements made on this application are TRUE and CORRECT, and gives the management CONSENT to verify the information contained in this application.

Applicants Signature _____ Date _____

