

#### **RENTAL APPLICATION**



2	1 FAIR HOUSING Nevada strictly abides by the Federal Fair Housing Act, Nevada 2 2 equal opportunity. It is strictly prohibited to discriminate on the basis of race, relig 3 disability, sexual orientation, gender identity or expression, ancestry, familial status or se	gious creed, color, national origin,
	5 APPLICANTS The application fee is \$ per	
6	6 Fee must be paid by $\Box$ cash, $\Box$ cashier's check $\Box$ money order $\Box$ debit/credit card.	<u>.</u>
	7 Any fee charged by employer to verify employment must be paid by the applicant in adv	vance Fees are non-refundable and
	8 must be paid separately from any security deposits or pet fees.	valiee. Tees are non refundable, and
9		
		tach the following to upon making
	11 application:	the following to upon making
	12  Copies of last two (2) most recent paycheck stubs.	
	13 □ Copy of last year's income tax return	
	14 □ Copies of last three (3) months bank statements	
	15	
	16 Copy of driver's license, military ID or state ID	
	17   Other  Other	
18	18 Other	
19	19 Other	
20	20 🖵 Other	
21		
22	22 WHEN YOUR APPLICATION IS COMPLETE Please submit Rental Application, p	rocessing fees, credit criteria, proof
	23 of income and identification to	
24	24 Incomplete Rental Applications will not be processed.	
25	25	
26	26 Additional Information Requested:	
27	27	
28	28	
29	29	
30		
31	31	
	32 Please allow days to process applications. For questions or concerns rega	rding the Rental Application please
33	33 contact the Licensee below.	
34	34	
35	35 Management Company Managing Licensee	
36		
38		
39	39 City, State, Zip: Email Address:	

	Property Address:						
Page 1 of 7		Applicant Initials [	_/	_/	/	]	RSAR <sup>©</sup> 01/17 Rental App 1/7
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R	EALTOR

#### APPLICANT



5	Requested Move In Date:			
7	Property Address	City	State	Zin
8	Property Address	Rent \$	Security Deposit \$	p
9	(Non-Refundable) Processing Fee \$	Key Fee \$	Pet Deposit \$	
10	Cleaning Fee \$ Other \$		1	
	Evidenced by: Cash Check Cashiers			
12				
13	Applicant Name	Birth Date		
14	Social Security Number	Drivers License	Sta	te
	Home Phone			
	Work Phone	Email		
17				
18	Current Address:	City	State	Zip
19	Owned Rent Payment \$	How Long?		
20	Landlord Name/Mortgage Holder	·	Phone	
21	Reason for leaving:			
	If less than 3 Years	Citra	Ctoto	7:0
	Prior Address  Owned D Rent Payment \$	City		Zip
24	Landlord Name/Mortgage Holder		Dhone	
	Reason for leaving			
27				
	Current Employer	Employed as		How Long?
29	Address	Linployed us City	State	Zin
	Phone			
31	Salary \$ Per/Mo	Supervisor		
32	Other Income Source	Amount \$		
33	If less than 3 Years			
34	Prior Employer	Employed as		How Long?
35	Address	City	State	Zip
36	Phone	Fax		
37	Salary \$ Per/Mo	Supervisor		
	Monthly Obligations Total \$			
	Auto Loan \$	Auto Insurance \$		
	Health Insurance \$	Child Support \$		
	Credit Card \$	Credit Card \$		
	Other \$	Other \$		
44	How long will Applicant live here? Do	as anyons in the household small		
43 46		bes anyone in the nousehold shok		
		Pelation	shin	
48	Applicant Emergency Contact NameCell Phone	Work P	hone	
49	Other Phone	WOIK I		
50	Other PhoneAddress	City	State	Zin
			Suite	r

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## **CO-APPLICANT**



1	Co-Applicant Name	Birth D	late							
2	Social Security Number	Drivers	License	Sta	ate					
3	Home Phone	Cell Ph	Cell Phone							
4	Work Phone	Email								
6	Current Address:		City	State	Zip					
7	Owned Rent Payment \$		How Long?	_						
8	Landlord Name/Mortgage Holder		Phone							
9	Reason for leaving:									
10	If less than 3 Years									
11	Prior Address		City	State	Zip					
12	□ Owned □ Rent Payment \$		How Long?							
13	Landlord Name/Mortgage Holder		Phone							
14	Reason for leaving									
15										
16	Current Employer	Emp	ployed as		How Long?					
17	Address		City	State	Zip					
18	Phone	Fax								
19	Salary \$ Per/Mo	Sup	ervisor							
20	Other Income Source		Amount \$							
21	If less than 3 Years									
22	Prior Employer	Emp	ployed as		How Long?					
23	Address		City	State	Zip					
24	Phone	Fax								
25	Salary \$ Per/Mo	Sup	ervisor							
26										
27	Monthly Obligations Total \$									
28	Auto Loan \$ Auto Insu	irance	\$							
29	Health Insurance \$ Child Sup		\$							
30	Credit Card \$ Credit Ca	ard	\$							
31	Other \$Other		\$							
32										
33	How long will Applicant live here? Does anyone	in the h	ousehold smoke? 🗖 Yes 🗆	l No						
34										
35	Co-Applicant Emergency Contact Name		Relationship							
20	Call Dhama		W							
37	Other Phone Address									
38	Address		City	_ State	Zip					

	Property Address								
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## **GENERAL QUESTIONNAIRE**



1	How did you hear about th	his property?				
2	How did you hear about the Please explain why you ar	e moving from your	current loca	ation?		
3						
4	Has any Applicant ever ha			-		
5						
6	Has any Applicant ever be			V. D. N. K.	1	
/					-	
0 9						
9 10	Has any Applicant ever w	illfully refused to pay	rent when	due? 🗋 Yes 🗋 No	If yes please explain.	
11					n yes, please explain.	
10						
13	Has any Applicant ever be	en evicted? 🗖 Yes	□ No If ye	es, please explain:		
14			-			
15						
16	Has any Applicant ever fil	led bankruptcy? 🗖 Y	es 🗖 No 🛛	If yes, please explain	1:	
17						
18	Has any Applicant been a			<b>T T O O</b>		
20 21						
21	Has any applicant or occu	nant ever been convi	cted of a m	ross misdemeanor or	felony? 🗋 Ves 🗍 No If	vec please explain.
22						yes, picase explain.
า 4						
25	Is any applicant or occup	ant required to regis	ster or has	been convicted as a	sex offender? 🛛 Yes 🗆	No If yes, please
	explain:					J, F
27	We may run a credit che	eck and a criminal b	ackground	check. Is there any	thing negative we will find	nd that you want to
28	comment on?					
29						
30						
	Does any Applicant plan t	o use liquid filled fur	niture? 🗖	Yes D No Furnitu	re type	
32				<b>6</b>		
	Do you have Pets?  Yes		Yes, type of	f pet:		
34 35	Contact Licensee for Pet A	Application.				
	In addition to Applicant(s)	other persons to be	at premise	· ·		
		Age			Occupation	
	Name:	Age	Relat	ionship	Occupation	
39	Name:	Age	Relat	ionship	Occupation	
40	Name:	Age	Relat	ionship	Occupation	
41		Ŭ			1	
	Vehicles					
43	Make	Model		Color	License #	State
44	Make	Model	l	Color	License #	State
45	Make	Model		Color	License #	State
46	Make	Model		Color	License #	State
	Duonoute Address					
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# **VERIFICATION OF EMPLOYMENT**



1 2	EMPLOYER CONTACT INFORMATION	
3	Applicant Name:	
4 5		Address:
6		
	Supervisor:	Email:
8	Diseas Manufacture	Der Manshan
9 10	Phone Number:	Fax Number:
	Applicant authorizes verification of employment.	
12		
13	Applicant Signature:	Date :
14		
15		
16		
17		ONLY BELOW THIS LINE
18 19		
19 20	5	applied to rent one of our properties. Please verify the following
20	information below. See authorization attached.	
22	mormation below. See authorization attached.	
23	Date of Employment	
24		Termination Date:
25	Employee is paid: Hourly \$	Termination Date: Salary \$
26	Hours per week:	
27	Frequency: 🗆 Weekly 🗖 Bi-Weekly 🗖 Month	ly
28		
29	Supervisor Signature:	Date:
30		
31		
32		
33 34		
34 35	Please return complete form to:	
35 36	-	Managing Licensee
37	Phone:	Fax :
38	Address :	City State Zip:
39	Email:	

	Property Address	:						
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# **VERIFICATION OF RENTAL HISTORY**



1	Applicant Name:
2	Name of Landlord/Property Manager:
3	Previous/Current Rental Address:
4	Management Phone Number:
5	Management Fax Number:
6	
7	Applicant authorizes verification of rental history.
8	
9	Applicant Signature:            Date :
10	
11	
12	LANDLORD ONLY BELOW THIS LINE
13	
14	
15	To Whom it May Concern:
16	One of your tenants (named above) has applied to rent one of our properties. Please verify the following
17	information below. See authorization attached.
18	
19	Tenant Occupied the above property from to to
20	Any fate rent payments? $\Box$ No $\Box$ Yes if yes, now many?
21	Any NSF?
22	Deposit refunded?
23	Was proper notice to vacate given?  No Ves Comments:
24	
25	Condition property left in: 🗆 Excellent 🗳 Good 🖓 Fair 🖓 Poor Comments:
26	
27	Did the tenant have any pets? $\Box$ No $\Box$ Yes What kind?
28	Would you rent to the Tenant again? $\Box$ No $\Box$ Yes
29	Other comments:
30	
31	
32	
33 34	Landlord/Manager Signature: Date:
34 35	
35 36	
30 37	
38	Please return complete form to:
30 39	
40	Management Company: Managing Licensee
40	Phone:            Address :            City State Zip:
42	Email:
r 🚄	

	Property Address:							
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1	А.	Applicant declares that the information provided is true and acc		
2		criminal records, credit, verification of references and current	and previous landlords.	
3	В.	Applicant understands and acknowledges, that a false stateme	ent made on this application are grounds for denial of	
4		rental to Applicant. Any statement on this application may be	construed as a condition precedent to any binding rental	
5		agreement or contract between Applicant and landlord.		
6	С.	Applicant hereby releases landlord, Licensee and this compar	ny from any and all damages or liabilities which might	
7		result from the above information. Applicant releases present landlord and all previous landlords from liability for any		
8		damage or injury caused by providing information to landlord or Licensee regarding Applicant.		
9	D.	Landlord and Licensee will not be bound by any representations, agreements or promises, written or oral, made by		
10		landlord or Licensee unless contained in the Rental Agreement signed by landlord or landlord's Licensee.		
11	Ε	Applicant understands that Applicant acquires no rights to premises until execution of a Rental Agreement and deposit		
12		of rent and security deposit.		
13	F.	Applicant understand that	is the leasing Licensee and representative for the	
14		landlord of the premises located at		
15	G.	Applicant agrees to execute a Rental Agreement within	business days after being notified of acceptance of this	
16		Application.		
17				
18 I understand that any discrepancy or lack of information may result in the rejection of this application and that this is an ap-				
19	19 plication for an apartment/home and does not constitute a rental or lease agreement in whole or part.			
20	20			
21	APPI	JICANT	DATE	
22				
23	CO-A	APPLICANT	DATE	
24				
25	CO-A	APPLICANT	DATE	
26				
27	CO-A	APPLICANT	DATE	