## **RENTAL APPLICATION**



Application is not complete until page 4 is signed. Unless this application is initialed on each page it will not be processed. (If more than two persons are applying, use additional applications.)

|     | REQUIRED TO SUBMIT:          |
|-----|------------------------------|
|     | (Cash, MO, CC)               |
|     | Application (Non-Refundable) |
|     | Fee \$                       |
|     | Deposit to Hold \$           |
| -   | Amt. Received \$             |
| _ ' |                              |
|     |                              |

| PROPERTY ADDRESS              |                 |                  |                      | \$<br>\$           |
|-------------------------------|-----------------|------------------|----------------------|--------------------|
| CITY, STATE, ZIP              |                 |                  |                      | T                  |
| MOVE-IN DATE                  |                 |                  |                      |                    |
| (NON-REFUNDABLE) APPLICA      | TION FEE \$     | RENT \$          |                      | _ SECURITY DEPOSIT |
| \$ PET DEPO                   | SIT \$          | (NON-REFUNDABLE) | PROCESSING FEE       | \$                 |
| KEY DEPOSIT \$                | CLEANING FEE \$ | OTH              | ER \$                |                    |
| EVIDENCE BY: CASH             | CHECK           | CASHIER'S CHECK  | MONE                 | Y ORDER            |
| xxxxxxxxxxxxxxxxxx            | xxxxxxxxxxxx    | xxxxxxxxxxxx     | xxxxxxxxxxx          | xxxxxxxxxxx        |
| APPLICANT:                    |                 |                  |                      |                    |
| HOME PHONE #                  |                 | OTHER PHONE      |                      |                    |
| EMAIL                         |                 |                  | SSN#                 |                    |
| DL#                           | STATE           | BIRTH DATE       |                      |                    |
| CURRENT ADDRESS:              |                 |                  |                      |                    |
| CITY, STATE, ZIP              |                 |                  |                      |                    |
| LANDLORD NAME / MORTGAG       | GE HOLDER:      |                  | PAYMENT: _           |                    |
| PHONE #                       | HOW LONG?       | (PLEAS           | SE CHECK ONE)        | OWNED OR RENT      |
| REASON FOR LEAVING            |                 |                  |                      |                    |
| PRIOR STREET ADDRESS:         |                 |                  |                      |                    |
| CITY, STATE, ZIP              |                 |                  |                      |                    |
| LANDLORD NAME / MORTGAG       | GE HOLDER:      |                  |                      |                    |
| PHONE #                       | HOW LONG?       | (PLEAS           | SE CHECK ONE)        | OWNED OR RENT      |
| REASON FOR LEAVING            |                 |                  |                      |                    |
| CURRENT EMPLOYER:             |                 |                  |                      |                    |
| HOW LONG?                     | EMPLOYED AS     |                  |                      |                    |
| ADDRESS:                      |                 |                  |                      |                    |
| CITY, STATE, ZIP              |                 |                  |                      |                    |
| PHONE #                       |                 | FAX#             |                      |                    |
| Rental Application Rev. 11/09 |                 | Page 1 of 4      | Applicants Initials: | [][]               |



| SALARY: \$                             | PER/MO S            | SUPERVISOR: |                                        |  |
|----------------------------------------|---------------------|-------------|----------------------------------------|--|
| OTHER INCOME: SOURCE                   |                     | AMOUNT: \$  |                                        |  |
| PRIOR EMPLOYER (IF LESS THAN 3         | 3 YEARS):           |             | PHONE #                                |  |
| HOW LONG?                              | EMPLOYED AS         |             |                                        |  |
| SALARY: \$                             | PER/MO              | SUPERVISOR: |                                        |  |
| <u>CREDIT REFERENCES</u> : BANK        |                     | ACC         | Т.#                                    |  |
| ADDRESS                                |                     |             |                                        |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                     |             | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| SSN # DI                               | <b>.</b> #          | STATE       | BIRTH DATE                             |  |
| PHONE #                                | EMAIL               |             |                                        |  |
| CURRENT ADDRESS:                       |                     |             |                                        |  |
| CITY, STATE, ZIP                       |                     |             |                                        |  |
|                                        |                     |             | PAYMENT:                               |  |
| PHONE #                                | HOW LONG?           | (PLEASE     | CHECK ONE) OWNED OR RENT               |  |
| PRIOR STREET ADDRESS:                  |                     |             |                                        |  |
| CITY, STATE, ZIP                       |                     |             |                                        |  |
| LANDLORD NAME / MORTGAGE H             | HOLDER:             |             |                                        |  |
| PHONE #                                | HOW LONG?           | (PLEASE     | CHECK ONE) OWNED OR RENT               |  |
| REASON FOR LEAVING                     |                     |             |                                        |  |
| CURRENT EMPLOYER:                      |                     |             |                                        |  |
| HOW LONG?                              | EMPLOYED AS         |             |                                        |  |
| ADDRESS:                               |                     |             |                                        |  |
|                                        |                     |             |                                        |  |
|                                        |                     |             |                                        |  |
| SALARY: \$                             | _ PER/MO_SUPERVISOR | t:          |                                        |  |
| OTHER INCOME: SOURCE                   |                     |             | <u> </u>                               |  |
| AMOUNT: \$                             | _                   |             |                                        |  |
| PRIOR EMPLOYER (IF LESS THAN 3         | 3 YEARS):           |             | PHONE #                                |  |
| HOW LONG?                              | EMPLOYED AS         |             |                                        |  |
| SALARY: \$                             | _ PER/MO_SUPERVISOR | ::          |                                        |  |
| Rental Application Rev. 11/09          | Page                | 2 of 4      | Applicants Initials: [] []             |  |



| <u>CREDIT REFERENCES</u> : BANK |                         | ACCT.#             |                 |                  |                     |  |
|---------------------------------|-------------------------|--------------------|-----------------|------------------|---------------------|--|
|                                 | ADDRESS                 |                    |                 |                  |                     |  |
| xxxxxxxxxx                      | xxxxxxxxxxxxxx          | xxxxxxxxxxxx       | XXXXXXXXXXX     | xxxxxxx          | xxxxxxxxxxx         |  |
| AUTOMOBILES:                    |                         |                    |                 |                  |                     |  |
| MAKE                            | MODEL                   | LIC#               | ST.             | ATE YR _         | COLOR               |  |
| MAKE                            | MODEL                   | LIC#               | ST.             | ATE YR _         | COLOR               |  |
| MAKE                            | MODEL                   | LIC#               | ST.             | ATE YR _         | COLOR               |  |
| xxxxxxxxxx                      | xxxxxxxxxxxxxx          | xxxxxxxxxxxx       | XXXXXXXXXXX     | XXXXXXXX         | xxxxxxxxxxx         |  |
| IN ADDITION TO                  | APPLICANT(S), OTHER PEI | RSONS TO BE AT PRE | MISES:          |                  |                     |  |
|                                 | NAME                    | RELATIO            | ONSHIP A        | .GE              | OCCUPATION          |  |
|                                 |                         |                    |                 |                  |                     |  |
|                                 |                         |                    |                 |                  |                     |  |
|                                 |                         |                    |                 |                  |                     |  |
| PETS? (Y/N)                     | HOW MANY? Cats          | Dogs               | Other           |                  |                     |  |
|                                 | Name                    | Cat or Dog?        | Breed           | Weight           | Spayed or Neutered? |  |
|                                 |                         |                    |                 |                  |                     |  |
|                                 |                         |                    |                 |                  |                     |  |
|                                 |                         |                    |                 |                  |                     |  |
| If Other please evr             | olain:                  |                    |                 |                  |                     |  |
| ii Other, piease exp            | <u> </u>                |                    |                 |                  |                     |  |
|                                 |                         |                    |                 |                  |                     |  |
| HAS ANY APPLIC                  | CANT EVER FILED BANKRU  | JPTCY? GIV         | E DETAILS       |                  |                     |  |
|                                 |                         |                    |                 |                  |                     |  |
| HAS ANY APPLIC                  | CANT EVER BEEN EVICTED  | )? EXPLAIN         | ·               |                  |                     |  |
|                                 |                         |                    |                 |                  |                     |  |
| HAS ANY APPLIC                  | CANT EVER WILLFULLY RE  | EFUSED TO PAY REN' | Γ WHEN DUE?     | EXPL             | AIN                 |  |
| HAS ANY APPLIC                  | CANT OR OCCUPANT EVER   | REEN CONVICTED (   | OF A GROSS MISD | EMEANOR OF       | R FELONY?           |  |
|                                 | IF YES PLEASE EXPLAIN   |                    |                 |                  |                     |  |
|                                 |                         |                    |                 |                  |                     |  |
|                                 |                         |                    |                 |                  |                     |  |
| Daniel Accelicati               | P 11/00                 | D 2 . C 4          | A 1             | laanka Toldisi   | r 1r 3              |  |
| Rental Application              | Kev. 11/09              | Page 3 of 4        | Appl            | icants Initials: | []                  |  |



| HOW LONG DOES APPLICANT PLAN TO LIVE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HERE? DOES APPL                                                    | ICANT PLAN TO USE LIQUID FILLED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FURNITURE? TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DOES ANYONE IN THE HOUSEHOLD SMOKE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Y/N</u>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| APPLICANT IN CASE OF EMERGENCY, PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TO NOTIFY:                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| RELATIONSHIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | PHONE #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CO-APPLICANT IN CASE OF EMERGENCY, PERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| RELATIONSHIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | xxxxxxxxxxxxxxxxxx                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1. APPLICANT UNDERSTANDS THAT IS THE LEASING AGENT AND REPRESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TATIVE FOR THE LANDLORD                                            | OF THE PREMISES LOCATED AT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| MONTHLY RENT OF \$  2. APPLICANT DECLARES THAT THE IN APPLICANT AUTHORIZES AN EMPLOYMENT OF REFERENCES AND CURRENT AND PREVIO 3. APPLICANT HEREBY PAYS \$  \$ AS HOLDING REFUNDED WITHIN BUSINESS DAYS AGREEMENT BY COMPLETING LEASE AND FHOLDING DEPOSIT SHALL BE RETAINED BY I.  4. APPLICANT AGREES TO EXECUTE A PAY THE RENT AND SECURITY DEPOSIT WITH ACCEPTANCE OF THIS APPLICANT.  5. LANDLORD AND AGENT WILL NOT BE WRITTEN OR ORAL, MADE BY LANDLORD OF BY LANDLORD OF LANDLORD'S AGENT.  6. APPLICANT DOES HEREBY RELEASE DAMAGES OR LIABILITIES WHICH MIGHT IS PRESENT LANDLORD AND ALL PREVIOUS LINJURY WHATSOEVER CAUSED BY PROVAPPLICANT.  7. APPLICANT UNDERSTANDS AND ACCONDITION PRECEDENT TO ANY BINDING LANDLORD.  8. APPROVAL FOR RESIDENCY IS MADE ORIGIN, AGE, OR HANDICAP.  9. APPLICANT UNDERSTANDS THAT APPLA RENTAL AGREEMENT IN THE FORM SUBMITS SIGNATURE OF APPLICANT | NFORMATION CONTAINED HERICHECK, CRIMINAL RECORDS CHIOUS LANDLORDS. | ECK, CREDIT CHECK, VERIFICATION  EFUNDABLE APPLICATION FEE AND LINED, HOLDING DEPOSIT SHALL BE ANT DECIDES NOT TO FULFILL THIS ND REMAINING SECURITY DEPOSIT, FRATIVE EXPENSES.  E POSSESSION IS GIVEN AND TO DAYS AFTER BEING NOTIFIED OF TIONS, AGREEMENTS OR PROMISES, IN THE RENTAL AGREEMENT SIGNED  COMPANY FROM ANY AND ALL ORMATION. APPLICANT RELEASES IL LIABILITY FOR ANY DAMAGE OR NDLORD OR AGENT REGARDING  E STATEMENT MADE HEREIN IS EREIN MAY BE CONSTRUED AS A TRACT BETWEEN APPLICANT AND COLOR, RELIGION, SEX, NATIONAL TO PREMISES UNTIL EXECUTION OF D SECURITY DESCRIBED ABOVE. |
| SIGNATURE OF CO-APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                                               | TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OFFICE USE ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| REFERRAL COMPANY CHRISTOPHER RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| AGENT: MUI ROTHWELL P.I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| THE GREATER LAS VEGAS ASSOCIATION OF WAY DEEMED RESPONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | REALTORS® PROVIDES THIS FOR<br>SIBLE FOR INFORMATION PROVI         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rental Application Rev. 11/09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | pplicants Initials: [] []                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

