

RENTAL APPLICATION



Application is not complete until page 5 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:
(Certified Funds or Credit Cards)

Application (Non-Refundable)

Fee \$_____

Holding Fee \$_____

Amt. Received \$_____

Evidenced by:

(Payment Method)

		(1 dyment Wethod)
PROPERTY ADDRESS		
	OTHER AGENT INFORMATION	
REFERRAL COMPANY		MLS #
AGENT:	Public ID#_	License#
	RENT/DEPOSITS AND OTHER FEES	
Rent: From	\$	
TOTAL	\$	
PROPOSED MOVE-IN DATE	deposit or fee amounts are an estimate and Agreement shall be controlling. APPLICANT INFORMATION	
APPLICANT:		
HOME PHONE #		
EMAIL	SSN#_	
DL#STA	ATE BIRTH DATE	
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CURRENT ADDRI	ESS:				
	P				
LANDLORD NAM	ME / MORTGAGE HOLDER:	PAYMENT:			
PHONE #	FAX#	EMAIL ADDRESS:			
HOW LONG?	(PLEASE CIRCLE ONE)	OWNED ORRENT			
REASON FOR LE	AVING				
		PAYMENT:			
PHONE #	FAX#	EMAIL ADDRESS:			
HOW LONG?	(PLEASE CHECK ONE)_	OWNED OR RENT			
REASON FOR LE	AVING				
HOW LONG?	EMPLOYE	EMPLOYED AS			
ADDRESS:					
CITY, STATE, ZII	P				
PHONE #		FAX#			
SALARY: \$	PER/MO SUPERV	TSOR:			
OTHER INCOME	: SOURCE	AMOUNT: \$			
<u>PRIOR EMPLOYE</u>	CR (IF LESS THAN 3 YEARS):	PHONE #			
HOW LONG?	EMPLOYE	D AS			
SALARY: \$	PER/MO SUPERV	TSOR:			
CREDIT REFERE	NCES: BANK	ACCT.#			
DEDCOMAL DEED	ADDRESS				
PERSONAL REFE		PHONE #			
		LATIONSHIP			
		PHONE #			
		LATIONSHIP			
211111111111111111111111111111111111111	KEI				

CO-APPLICANT INFORMATION

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(Please note: There may be additional fees for co-applicants.)

Please identify any	and all Co-Applicar	ts along with their tel	ephone number an	ıd email addr	ess:		
APPLICANT NAME			PHONE NUMBER		E-MAIL ADDRESS		
<u>1.</u>							
<u>2.</u>							
<u>3.</u>							
<u>4.</u>							
For Privacy purp	oses, all Co-Applica	nts must submit thei	r own individual	Rental App	lication.		
		<u>VEHICLE</u>	INFORMATIO	<u>N</u>			
AUTOMOBILES:							
MAKE	MODEL_	I	LIC#	STA	TEYR_	COLOR	
MAKE	MODEL_	I	LIC#	STA	TEYR_	COLOR	
MAKE	MODEL_	I	LIC#	STA	TEYR_	COLOR	
IN ADDITION TO NAME	O APPLICANT(S), C RELATION	THER PERSONS W		DE AT PREM		IONE NUMBER	
		onal support animal, a "Pet." Please fill o					
Animals (Collecti	vely "Assistance An						
1. The pet o	r pets are identified a	s follows:					
NAME 1	AGE	<u>Breed</u>	<u>WEIGHT</u>	GENDER	NEUTERED?	LICENSE No.	

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- Applicant certifies to Landlord that the pet(s) is in good health, and as proof therefore, a certificate of good health from a licensed veterinarian is attached. In addition, a clear photo of each pet is attached to this application with the pet's name on the back.
- Applicant will keep pets on a leash when not in a fenced backyard area and will clean up all waste on the Property as well as in any common areas.
- If the Property is subject to a Common Interest Community, Applicant will abide by all rules and regulations and CC&R's with respect to pet ownership.
- Applicant acknowledges and understands that the representations herein are considered to be material provision of the Residential Lease Agreement.
 - 6. Applicant requests Landlord's approval to keep the above-name pet(s) in and/or on the Property.
- 7. Should the pet(s) identified above create a breach in the terms of the existing lease agreement, the Pet Approval shall be immediately revoked upon written notice to the tenant as required in the lease agreement.
- Applicant shall obtain an insurance policy that includes pet coverage. The Landlord and Property Manager shall be named additional insureds on the policy. Tenant further agrees to hold both Landlord and Property Manager harmless relative to the activity and behavior of any and all pets kept at the Property.

OTHER INFORMATION

<u>OTHER IN TO I</u>	ALVANIA I
HAS THE APPLICANT EVER FILED BANKRUPTCY?	GIVE DETAILS
HAS THE APPLICANT EVER BEEN EVICTED?	
HAS THE APPLICANT EVER WILLFULLY REFUSED TO PAY	
HOW LONG DOES APPLICANT PLAN TO LIVE HERE?	
DOES APPLICANT PLAN TO USE LIQUID FILLED FURNITU	JRE? IF YES, PLEASE LIST TYPE (e.g. waterbed,
aquarium, etc.)	
DOES ANYONE IN THE HOUSEHOLD SMOKE? Y/N	(This includes, but is not limited to the use of all
tobacco, smoking related products, electronic cigarettes, vaping pen	
EMERGENCY	CONTACT
APPLICANT IN CASE OF EMERGENCY, PERSON TO NOTIFY:	
RELATIONSHIP:	
<u>EMAIL:</u>	_
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DISCLOSURE

PLEASE READ CAREFULLY BEFORE SIGNING

1. APPLICANT UNDERSTANDS THAT _					IS
THE LEASING AGENT AND REPRESENTA			ORD OF T	THE PREMIS	ES LOCATED AT
		AT	A MONTHL	Y RENT OF \$	
2. APPLICANT DECLARES THAT THE I					
APPLICANT AUTHORIZES AN EMPLOYMENT C	HECK, CRIMINA	L RECORDS	S CHECK, CF	REDIT CHECK	, VERIFICATION OF
REFERENCES AND CURRENT AND PREVIOUS I	LANDLORDS.				
3. APPLICANT HEREBY PAYS \$	AS A NON-F	REFUNDABI	LE APPLICA	TION FEE AN	D \$ AS
HOLDING FEE. IF APPLICANT IS DECLINED,	— ГНЕ HOLDING I	FEE WILL E	BE REFUNDI	ED WITHIN _	BUSINESS
DAYS. IF, AFTER APPROVAL, APPLICANT DE	ECIDES NOT TO	FULFILL T	THIS AGREE	EMENT BY CO	OMPLETING LEASE
AGREEMENT AND PAYING SECURITY DEPOSI	Γ, HOLDING FE	E SHALL BE	E FORFEITEI	D BY APPLICA	ANT PURSUANT TO
THE TERMS OF THE HOLDING FEE AGREEMEN	T.				
4. APPLICANT AGREES TO EXECUTE A I	LEASE AGREEM	ENT BEFOR	RE POSSESS	ION IS GIVEN	AND TO PAY THE
RENT AND SECURITY DEPOSIT WITHIN	BUSINESS DA	AYS AFTER	BEING NOT	TIFIED OF ACC	CEPTANCE OF THIS
APPLICANT.					
5. LANDLORD AND AGENT WILL NOT B	E BOUND BY A	NY REPRES	SENTATION	S, AGREEME	NTS OR PROMISES,
WRITTEN OR ORAL, MADE BY LANDLORD OR	AGENT UNLES	S CONTAIN	ED IN THE	LEASE AGREI	EMENT SIGNED BY
LANDLORD OR LANDLORD'S AGENT.					
6. APPLICANT HAS REVIEWED THE PUB	BLIC RECORD II	NFORMATIO	ON ON THE	CLARK COU	JNTY RECORDER'S
WEBSITE SHOWING THE POSSIBILITY OF PAST	OR CURRENT I	LIENS RECO	ORDED AGA	INST THE PRO	OPERTY AS OF THE
DATE OF THIS APPLICATION. APPLICANT AGR					
HOLD THE LANDLORD AND ITS AGENTS HAP	MLESS BASED	UPON THIS	SINFORMA	ΓΙΟΝ AND FU	TURE USE OF THE
PROPERTY.					
7. APPLICANT DOES HEREBY RELEASE					
DAMAGES OR LIABILITIES WHICH MIGHT F					
PRESENT LANDLORD AND ALL PREVIOUS L					
INJURY WHATSOEVER CAUSED BY PROVIDIN					
8. APPLICANT UNDERSTANDS AND ACK					
FOR DENIAL OF RENTAL TO APPLICANT.					
PRECEDENT TO ANY BINDING LEASE AGREEM					
9. APPROVAL FOR RESIDENCY IS MAD				· ·	
ORIGIN, AGE, GENDER IDENTITY OR EXPRE	SSION, FAMILIA	AL SIATUS	S, SEXUAL	ORIENTATIO	N, ANCESTRY, OR
HANDICAP.	I ICANT ACOLU	DEC NO DIC	TITC TO DD	EMICEC LINER	EVECUTION OF A
10. APPLICANT UNDERSTANDS THAT APPLEASE AGREEMENT IN THE FORM SUBMITTED					
LEASE AGREEMENT IN THE FORM SUBMITTED	AND DEPOSIT	OF KENT A	ND SECURI	I I DESCRIBE	D ABOVE.
	DATE		TIME		
SIGNATURE OF APPLICANT					
PRINT NAME					
IMMI MAME					

THE GREATER LAS VEGAS ASSOCIATION OF REALTORS® PROVIDES THIS FORM FOR MEMBERS ONLY AND IS IN NO WAY DEEMED RESPONSIBLE FOR INFORMATION PROVIDED HEREIN.

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