

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)
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PROPERTY ADDRESS _____

OTHER AGENT INFORMATION

REFERRAL COMPANY _____ MLS # _____

AGENT: _____ Public ID# _____ License# _____

RENT/DEPOSITS AND OTHER FEES

Rent: From _____, To _____	\$ _____
Security Deposit	\$ _____
Key Deposit	\$ _____
Key Fee (non-refundable)	\$ _____
Admin/Credit App Fee (non-refundable)	\$ _____
Pet Deposit	\$ _____
Pet Fee (non-refundable)	\$ _____
Cleaning Deposit	\$ _____
Cleaning Fee (non-refundable)	\$ _____
Additional Security	\$ _____
Utility Proration	\$ _____
Sewer/Trash Proration	\$ _____
Pre-Paid Rent	\$ _____
Pro-Rated Rent for _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

Please note that any and all rent, deposit or fee amounts are an estimate and the amounts identified in the Lease Agreement shall be controlling.

APPLICANT INFORMATION

PROPOSED MOVE-IN DATE _____

APPLICANT: _____

HOME PHONE # _____ OTHER PHONE _____

EMAIL _____ SSN# _____

DL# _____ STATE _____ BIRTH DATE _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP _____

LANDLORD NAME / MORTGAGE HOLDER: _____ PAYMENT: _____

PHONE # _____ FAX # _____ EMAIL ADDRESS: _____

HOW LONG? _____ (PLEASE CIRCLE ONE) _____ OWNED OR _____ RENT

REASON FOR LEAVING _____

PRIOR STREET ADDRESS: _____

CITY, STATE, ZIP _____

LANDLORD NAME / MORTGAGE HOLDER: _____ PAYMENT: _____

PHONE # _____ FAX # _____ EMAIL ADDRESS: _____

HOW LONG? _____ (PLEASE CHECK ONE) _____ OWNED OR _____ RENT

REASON FOR LEAVING _____

CURRENT EMPLOYER: _____

HOW LONG? _____ EMPLOYED AS _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE # _____ FAX# _____

SALARY: \$ _____ PER/MO SUPERVISOR: _____

OTHER INCOME: SOURCE _____ AMOUNT: \$ _____

PRIOR EMPLOYER (IF LESS THAN 3 YEARS): _____ PHONE # _____

HOW LONG? _____ EMPLOYED AS _____

SALARY: \$ _____ PER/MO SUPERVISOR: _____

CREDIT REFERENCES: BANK _____ ACCT. # _____

ADDRESS _____

PERSONAL REFERENCES:

1. NAME _____ PHONE # _____

EMAIL _____ RELATIONSHIP _____

2. NAME _____ PHONE # _____

EMAIL _____ RELATIONSHIP _____

CO-APPLICANT INFORMATION

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

Please identify any and all Co-Applicants along with their telephone number and email address:

<u>APPLICANT NAME</u>	<u>PHONE NUMBER</u>	<u>E-MAIL ADDRESS</u>
<u>1.</u>		
<u>2.</u>		
<u>3.</u>		
<u>4.</u>		

For Privacy purposes, all Co-Applicants must submit their own individual Rental Application.

VEHICLE INFORMATION

AUTOMOBILES:

MAKE _____ MODEL _____ LIC# _____ STATE _____ YR _____ COLOR _____

MAKE _____ MODEL _____ LIC# _____ STATE _____ YR _____ COLOR _____

MAKE _____ MODEL _____ LIC# _____ STATE _____ YR _____ COLOR _____

OTHER OCCUPANTS

IN ADDITION TO APPLICANT(S), OTHER PERSONS WHO WILL RESIDE AT PREMISES:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>OCCUPATION</u>	<u>TELEPHONE NUMBER</u>

PETS*

*** If you have a service animal, emotional support animal, or assistance animal, (as those terms are defined in CFR, NRS, and FHA) STOP! Your animal is not a "Pet." Please fill out "Lease Addendum for Service and/or Emotional Support Animals (Collectively "Assistance Animals".)"**

PETS? (Y/N) _____ IF YES, PLEASE COMPLETE THE FOLLOWING:

1. The pet or pets are identified as follows:

<u>NAME</u>	<u>AGE</u>	<u>BREED</u>	<u>WEIGHT</u>	<u>GENDER</u>	<u>NEUTERED?</u>	<u>LICENSE NO.</u>

2. 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.**

3. 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.

4. 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.

5. 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.

8. 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

HAS THE APPLICANT EVER FILED BANKRUPTCY? _____ GIVE DETAILS _____

HAS THE APPLICANT EVER BEEN EVICTED? _____ EXPLAIN _____

HAS THE APPLICANT EVER WILLFULLY REFUSED TO PAY RENT WHEN DUE? _____ EXPLAIN _____

HOW LONG DOES APPLICANT PLAN TO LIVE HERE? _____

DOES APPLICANT PLAN TO USE LIQUID FILLED FURNITURE? _____ 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 pens or other instruments that cause smoke or vapor to be emitted.)

EMERGENCY CONTACT

APPLICANT IN CASE OF EMERGENCY, PERSON TO NOTIFY: _____

RELATIONSHIP: _____ *PHONE #* _____

EMAIL: _____

APPLICATION FOR PET APPROVAL

This is an application to the Landlord/Owner by TENANT's Name: _____
 TENANT's Name: _____ TENANT's Name: _____
 TENANT's Name: _____ ("Tenant") to have a pet at the following address:
 _____ ("the Premises").

1. The pet or pets are identified as follows:

Name	Age	Breed	Weight	Gender	Neutered?	License No.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. Tenant 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.**

3. Tenant will keep pets on a leash when not in a fenced backyard area and will clean up all waste on the Premises as well as in any common areas.

4. If the Premises is subject to a Common Interest Community, Tenant will abide by all rules and regulations and CC&R's with respect to pet ownership.

5. Tenant acknowledges and understands that the representations herein are considered to be material provisions of the Residential Lease Agreement.

6. Tenant requests Landlord's approval to keep the above-name pet(s) in and/or on the Premises.

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.

8. Tenant 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 Premises.

Tenant agrees to the above terms and conditions.

TENANT'S SIGNATURE	DATE	TENANT'S SIGNATURE	DATE
PRINT NAME		PRINT NAME	

TENANT'S SIGNATURE	DATE	TENANT'S SIGNATURE	DATE
PRINT NAME		PRINT NAME	

LANDLORD'S RESPONSE

Landlord having considered the Application for Pet Approval submitted by Tenant, does hereby
 _____ approve **-OR-** _____ reject Tenant's application.

LANDLORD/OWNER	DATE	LANDLORD/OWNER	DATE
PRINT NAME		PRINT NAME	