

## **APPLICATION TO LEASE**

The following must be completed in its entirety and verified For Office Use Only Property Name prior to consideration for occupancy. Apt. # Apt. Type PLEASE PRINT Move-in Date: Rent: PERSONAL INFORMATION FIRST NAME MIDDLE NAME LAST NAME Drivers License # & State Social Security Number Are you over 18? Current Phone # Cell phone # E-mail address Names of others 18 years or older who will occupy apartn ames of others under 18 years of age who will occupy apartment: (1 years of history) RESIDENTIAL HISTORY
Current address (Number, Street, City, Zip) If apartment, name of complex Dates of Residency Own House Apartment Room Rent To whom do you make payments? \$ Monthly payment Address Phone # ( ) City Previous address (Number, Street, City, Zip) If apartment, name of complex Dates of Residency Own House Apartment Room Rent To whom did you make payments? Monthly payment \$ Address Phone # ( ) City Zip (1 years of history) EMPLOYMENT/INCOME Current Employer Self Employed Dates of Employment From: Address To: City State Zip Phone # ( ) Type of business osition Income Annually Monthly Previous Employer Self Employed Dates of Employment From: Address To: City State Zip Phone # ( ) Type of business Position Income Annually Monthly Other verifiable income (if needed to qualify) Description

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Checking: Bank and branch			Acct. #			Balance
Savings: Bank and branch		Acct. #			\$ Balance	
Savings. Bank and branch			A001. #			\$
Other Assets (if needed to qualify)						
Have you ever filed bankruptcy? Y	es No If y	/es, when:	It	f yes, date of dischar	ge	
County and state where filed:		· · · · · · · · · · · · · · · · · · ·				
Have you ever had any suits, liens, judg	ments, evictions or repossessions?	>		Yes	N	No
Describe:		County and State :			What ve	ar?
Describe:		County and State :				
Describe:		County and State :  County and State :			r?	
Describe:	County and State :				ar?	
Describe:		County and State :			What ye	ar?
CURRENT FINANCIAL OBLIGATIONS	`1	nts)				
Name	Address			Account T	ype	Amount
						\$
						\$
						\$
						\$
_						
						\$
						\$
/EHICLES						
low many vehicles do you own? cars, trucks)	Make		Year_	Licer	se #	
,	Make		Year _	Licer	se #	
	Make	9		Year License #		
	Wake		rour_			
PARKING OF RECREATION VEHICLE	Make			Licer		
s application is made for the pued in this application is correct are authorized to check my crect, Locate (IDL) Program" with provided to the LVMPD.	to the best of my knowledg redit, employment, resident	ge. I understand that and criminal history	you will re . I understa	tain this applica and that this pro	tion wheth perty par	ner or not it is approved ticipates in the "Identify
ereby agree to release and hoceedings and costs including at ase of this information to other assets, income and financial coe of this application. I also could of my tenancy.	torney's fees arising out of parties. All of the above do andition is warranted to be to	either the verification at and information strue and accurate and	n of the infoset forth he d to fully ar	ormation contain erein including, land correctly state	ned on thi out not lin e my finar	s application form or th nited to the statement on the conditions as of the
der Nevada Revised Statutes, I ory (or the absence thereof) a crictions are: any record reflect ninal justice. This information is er person or apartment complex	about any prospective Resing a conviction any record stobe used by the Apartme	sident. What may b I which pertains to a ent Community or Ma	e released incident fo	d by any agend or which a pers	y of crimon is curr	ninal justice without an ently with the system of
a routine policy, we request an it you to know that we routine ployees. Your granting the rele	ly get the criminal informat	tion or lack thereof f	rom a pol	ice agency in o	rder to pi	rotect our residents an
Applicant's Signature		Date of Birth (For Criminal Backgr Check Purposes Onl		Today's	s Date	

FINANCIAL