

GUIDELINES FOR RENTAL APPLICATION

- ❑ COMPLETE RENTAL APPLICATION
- ❑ ATTACH COPIES OF PAYSTUBS AND PHOTO ID
- ❑ ATTACH 40 DOLLAR APPLICATION FEE FOR FIRST APPLICANT, TWENTY DOLLARS FOR EACH ADDITIONAL APPLICANT

QUALIFYING REQUIREMENTS

- ✓ VERIFIABLE INCOME OF AT LEAST THREE TIMES THE AMOUNT OF MONTHLY RENT
- ✓ DECENT CREDIT HISTORY FOR AT LEAST THE PAST TWO YEARS
- ✓ A GOOD RECOMMENDATION FROM YOUR CURRENT LANDLORD

- UPON APPROVAL YOU HAVE 48 HOURS TO BRING IN THE SECURITY DEPOSIT WHICH **MUST BE IN CERTIFIED FUNDS.**
- IF YOU HAVE HAD A BANKRUPTCY, FORECLOSURE, OR EVICTION WITHIN THE LAST TWO YEARS, WE WILL CONSIDER YOUR RENTAL APPLICATION, HOWEVER AN ADDITIONAL SECURITY DEPOSIT, OR LAST MONTHS RENT MAY BE REQUIRED.

THE TENANT WILL HAVE TO HAVE RENTERS INSURANCE _____ (INITIAL)

Name: _____ Best number to contact you at: _____

Rental Application

There is a \$40.00 nonrefundable application fee plus \$20.00 for each addition person applying. Each person 18 years or older must be on the lease and have their credit/criminal background checked. The security deposit must be paid with in 48 hours of approval (money order/cashier ck only).
Fourteen days is the maximum amount of time a property can be held after the deposit is accepted.

Property Address _____ Date _____ Monthly Rental \$ _____
Preferred Move in Date _____

Name of Applicant _____ D.O.B. _____ SSN# _____
Drivers License # _____ City _____ State _____

Name of Co-Applicant _____ D.O.B. _____ SSN# _____
Drivers License # _____ City _____ State _____

Number of Dependents _____ Ages _____ Current rental amount _____
Current Address _____ Phone # _____
How long ? _____ Reason for leaving _____
Landlord/Owners Name _____ Phone # _____

Previous Address _____ How long? _____
Landlord/Owners Name _____ Phone # _____
Reason for leaving _____

Current Employer _____ Salary _____ Job Title _____
How Long _____ Supervisor _____ Phone # _____
Previous Employer?(if less than 2 years) _____ Job Title _____
How long _____ Job Title _____ Supervisor _____ Phone # _____

Co-Applicant Employer _____ Salary _____ Job Title _____
How Long _____ Supervisor _____ Phone # _____
Previous Employer?(if less than 2 years) _____ Job Title _____
How long _____ Job Title _____ Supervisor _____ Phone # _____

Other sources of Income _____ Amounts _____
Name of Bank _____ Account # _____

Copy of Current Photo ID Attached _____ Proof of Current Income Attached _____ Application Fee Attached _____

How did you find out about the property ? _____
Are you working with a Realtor other than one from this office ? ()No ()Yes, who _____

Do you plan to keep pets at this property ?..... ()No ()Yes, what breed _____
Have you ever filed for Bankruptcy..... ()No ()Yes, when _____
Have you ever been Evicted from tenancy..... ()No ()Yes, when _____
Have you ever willfully or intentionally refused to pay rent when due?.... ()No ()Yes

Nearest Relative NOT living with you _____ Relationship _____
Address _____ Phone _____

Applicant understands that any false statements made on this application may void any lease entered into based on the above information. I hereby authorize the release of the above information. I also authorize Affordable Property Management and Realty Inc., to run a credit check on me in the future at their own expense in their efforts to collect any moneys owed by me to them. The tenant will need to have renters insurance. _____ (initial)

Applicant _____ Date _____ Co-Applicant _____ Date _____



Property Management & Realty Inc.

LVAPM.com

86 Corporate Dr. • Suite 100 • Henderson, NV 89074 • Office: 437-4121 • Fax: 437-4102

Date: _____

Property Condition Statement

Property Address: _____

We have viewed the above property, and we accept it as-is, except for the following requests:

The above requested items are requested but have not been guaranteed to be done.

Tenant _____ Date _____

Tenant _____ Date _____



APPLICATION FOR PET APPROVAL

This is an application to the Landlord for _____ (“Tenant”) to have a pet at the following address: _____ (“the Property”).

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 photo of each pet is attached with the 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 Property as well as in any common areas.

4. If the Property 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 provision of the Residential Lease Agreement.

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

Tenants:

Date: _____

(Signature)

(Signature)

Landlord's Response

Landlord, through Landlord’s Broker, having considered the Application for Pet Approval submitted by Tenant, does hereby ___ approve **-OR-** ___ reject Tenant’s application.

By: _____
Authorized Agent for Broker Date