

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)

PROPERTY ADDRESS		
	OTHER AGENT INFORMATION	
REFERRAL COMPANY		MLS#
AGENT:	Public ID#	License#
	RENT/DEPOSITS AND OTHER FEES	
Rent: From	\$	
TOTAL	\$	
	deposit or fee amounts are an estimate and the Agreement shall be controlling. <u>APPLICANT INFORMATION</u>	
APPLICANT:		
	OTHER PHONE	
	OTHER PHONESSN#	
DL#STA	ATEBIRTH DATE	
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<u>CURRENT ADDRESS</u> :		
CITY, STATE, ZIP		
LANDLORD NAME / MO	ORTGAGE HOLDER:	PAYMENT:
PHONE #	FAX #	EMAIL ADDRESS:
HOW LONG?	(PLEASE CIRCLE ONE)	OWNED ORRENT
REASON FOR LEAVING	f	
		PAYMENT:
PHONE #	FAX #	EMAIL ADDRESS:
HOW LONG?	(PLEASE CHECK ONE)_	OWNED OR RENT
REASON FOR LEAVING	i	
HOW LONG?	EMPLOYEI	O AS
ADDRESS:		
		_FAX#
SALARY: \$	PER/MO SUPERVI	SOR:
OTHER INCOME: SOUR	CE	AMOUNT: \$
<u>PRIOR EMPLOYER</u> (IF LI	ESS THAN 3 YEARS):	PHONE #
HOW LONG?	EMPLOYEI	O AS
SALARY: \$	PER/MO SUPERVI	SOR:
<u>CREDIT REFERENCES</u> : 1	BANK	ACCT.#
A	DDRESS	
<u>PERSONAL REFERENCE</u>	<u>S:</u>	
		PHONE #
		ATIONSHIP
		PHONE #
EMAIL		ATIONSHIP

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

Please identify any	and all Co-Applicar	its along with	their telephon	e number an	d email addr	ess:		
<u>A</u> 1	PPLICANT NAME		PHON	e Number		E-MAIL ADDRESS		<u>Address</u>
<u>1.</u>								
<u>2.</u>								
<u>3.</u>								
<u>4.</u>								
For Privacy purpo	oses, all Co-Applica	nts must sub	omit their own	<u>individual</u>	Rental App	lication.		
		<u>V</u> E	CHICLE INFO	ORMATION	<u>N</u>			
AUTOMOBILES:								
MAKE	MODEL		LIC# _		STA	TE	YR_	COLOR
MAKE	MODEL		LIC# _		STA	TE	YR_	COLOR
MAKE	MODEL		LIC# _		STA	TE	_YR	COLOR
			OTHER OCC	_				
IN ADDITION TO NAME) APPLICANT(S), C RELATION		SONS WHO W		PATION		LEPHO	ONE NUMBER
			PETS			,		
and FHA) STOP!	rvice animal, emotic Your animal is not vely "Assistance An	a "Pet." Ple						
	IF YES, PLEA		ETE THE FO	OLLOWING	G :			
1. The pet or NAME	r pets are identified a AGE	s follows: BREED		WEIGHT	GENDER	NEUTER	ED?	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 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:

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RELATIONSHIP: PHONE #

Applicant's Initials: [

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DISCLOSURE

PLEASE READ CAREFULLY BEFORE SIGNING

1.	APPLICA	NT UNDERST	ANDS THAT	Proj	perty Manager	ment of LV LLC	IS
THE	LEASING	AGENT AND	REPRESENTATIVE	FOR THE	LANDLORD O	F THE PREMISES	LOCATED AT
					AT A MON	THLY RENT OF \$	•
2.	APPLICA	NT DECLARES	S THAT THE INFORM	MATION CON	NTAINED HERI	EIN IS TRUE AND	CORRECT, AND
APPI	LICANT AUT	HORIZES AN EN	MPLOYMENT CHECK,	CRIMINAL RI	ECORDS CHEC	K, CREDIT CHECK, V	ERIFICATION OF
REFE			ND PREVIOUS LANDL				
3.	APPLICA	NT HEREBY PA	AYS \$65.00 AS	S A NON-REFU	JNDABLE APPI	LICATION FEE AND	\$AS
			IS DECLINED, THE H				
DAY	S. IF, AFTE	R APPROVAL,	APPLICANT DECIDES	NOT TO FU	LFILL THIS AC	GREEMENT BY COM	IPLETING LEASE
AGR	EEMENT AN	D PAYING SEC	URITY DEPOSIT, HOL	DING FEE SH	IALL BE FORFE	EITED BY APPLICAN	T PURSUANT TO
THE	TERMS OF T	HE HOLDING F	EE AGREEMENT.				
4.	APPLICA	NT AGREES TO	D EXECUTE A LEASE	AGREEMENT	BEFORE POSS	SESSION IS GIVEN A	ND TO PAY THE
REN	Γ AND SECU	RITY DEPOSIT	WITHIN TBD BUS	SINESS DAYS	AFTER BEING	NOTIFIED OF ACCE	PTANCE OF THIS
APPI	LICANT.						
5.			T WILL NOT BE BOU				
WRI	TTEN OR OR	AL, MADE BY	LANDLORD OR AGEN	IT UNLESS CO	ONTAINED IN T	THE LEASE AGREEN	IENT SIGNED BY
LAN	DLORD OR I	ANDLORD'S A	GENT.				
6.	APPLICA	NT HAS REVIE	EWED THE PUBLIC R	ECORD INFO	RMATION ON	THE CLARK COUN	TY RECORDER'S
			BILITY OF PAST OR CU				
			PPLICANT AGREES TO				
		DLORD AND IT	S AGENTS HARMLES	S BASED UPO	ON THIS INFOR	MATION AND FUTU	JRE USE OF THE
PROI	PERTY.						
7.			REBY RELEASE LANI				
			HICH MIGHT RESULT				
			L PREVIOUS LANDLO				
INJU			D BY PROVIDING INFO				
8.			NDS AND ACKNOWL				
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9.			ENCY IS MADE WITH		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	,
		ENDER IDENT	ITY OR EXPRESSION	, FAMILIAL	STATUS, SEXU	JAL ORIENTATION,	ANCESTRY, OR
	DICAP.						
10.			NDS THAT APPLICAN	-			
LEAS	SE AGREEMI	ENT IN THE FOI	RM SUBMITTED AND	DEPOSIT OF I	RENT AND SEC	URITY DESCRIBED.	ABOVE.
			DATE		TIME		
SIGN	NATURE OF	APPLICANT	DATE				
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rkin	VI IVAME						
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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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of LV, LLC | 7023136460 | loretta@myvegaspm.com