

RENTAL APPLICATION

Each applicant must submit a separate application.
PLEASE PRINT IN BLACK INK.

COMMUNITY NAME		Referred By		COMMUNITY PHONE #		COMMUNITY FAX #		APT #				
La Serena Apartments		MyVegasApt.com		702-457-1760		702-457-7692						
APPLICANT'S LAST NAME	FIRST	MI	MARITAL STATUS (CIRCLE ONE)	SOCIAL SECURITY #		D.O.B.	GENDER	DRIVER'S LICENSE #	STATE			
			M S D W				M F					
APPLICANT'S LAST NAME	FIRST	MI	MARITAL STATUS (CIRCLE ONE)	SOCIAL SECURITY #		D.O.B.	GENDER	DRIVER'S LICENSE #	STATE			
			M S D W				M F					
OTHER PERSONS THAT WILL OCCUPY THE PROPERTY	FULL NAME		RELATION	MONTH	DOB DAY	YEAR	FULL NAME		RELATION	MONTH	DOB DAY	YEAR
	FULL NAME		RELATION	MONTH	DOB DAY	YEAR	FULL NAME		RELATION	MONTH	DOB DAY	YEAR
WILL A PET OCCUPY THE PROPERTY?			BREED	TYPE	WEIGHT	IS THE PET PROPERLY LICENSED & INOCULATED FOR RABIES?						
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO						
RESIDENCE HISTORY												
PRESENT STREET ADDRESS		APT #	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY						
						MOVE IN DATE		/ /				
						MOVE OUT DATE		/ /				
PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY					MONTHLY PAYMENT	LANDLORD PHONE + AREA CODE		CIRCLE ONE				
								OWN RENT				
SPOUSE'S ADDRESS IF DIFFERENT		APT #	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY						
						MOVE IN DATE		/ /				
						MOVE OUT DATE		/ /				
SPOUSE'S LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY					MONTHLY PAYMENT	LANDLORD PHONE + AREA CODE		CIRCLE ONE				
								OWN RENT				
EMPLOYMENT HISTORY												
NAME OF PRESENT EMPLOYER			PHONE NUMBER + AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES						
EMPLOYMENT ADDRESS		START DATE	END DATE	CURRENT POSITION HELD		GROSS INCOME (BEFORE TAXES)						
NAME OF SPOUSE'S PRESENT EMPLOYER			PHONE NUMBER + AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES						
EMPLOYMENT ADDRESS		START DATE	END DATE	CURRENT POSITION HELD		GROSS INCOME (BEFORE TAXES)						
INCOME FROM ADDITIONAL SOURCES (ADDITIONAL INCOME NEED NOT BE DISCLOSED UNLESS SUCH INCOME IS TO BE CALCULATED FOR QUALIFICATION HEREUNDER)						AMOUNT						
						\$						
AUTO INFORMATION												
AUTO #1	YEAR	MAKE	MODEL	COLOR	LICENSE PLATE	STATE						
AUTO #2	YEAR	MAKE	MODEL	COLOR	LICENSE PLATE	STATE						
PERSONAL INFORMATION												
HAVE YOU OR YOUR SPOUSE EVER HAD AN EVICTION FILED AGAINST YOU?								YES	NO			
HAVE YOU EVER BROKEN A RENTAL AGREEMENT?								YES	NO			
DO YOU CURRENTLY OWE ANY PRIOR LANDLORDS MONEY?								YES	NO			
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?								YES	NO			
HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME?								YES	NO			
NAME OF APPLICANT'S NEAREST RELATIVE		TELEPHONE WITH AREA CODE		STREET ADDRESS		CITY	STATE	ZIP CODE				
NAME OF SPOUSE'S NEAREST RELATIVE		TELEPHONE WITH AREA CODE		STREET ADDRESS		CITY	STATE	ZIP CODE				
EMERGENCY CONTACT		WORK TELEPHONE WITH AREA CODE		HOME TELEPHONE	STREET ADDRESS		CITY	STATE	ZIP CODE			
THE ABOVE NAMED EMERGENCY CONTACT IS AUTHORIZED TO REMOVE AND/OR STORE ALL CONTENTS OF THE DWELLING AND/OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH OF RESIDENT.												
<input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE SIGNATURE _____												

- NON-REFUNDABLE APPLICATION FEE* \$ _____ (Not refunded under any circumstance)
 - Application Fee is applicable to each Resident 18 years or older regardless of marital status.

- HOLDING FEE* \$ _____
 - Upon approval, this fee will be credited against future rent.
 - Holding fee will be retained by the Community as liquidated damages in the event I do not choose to enter into a lease agreement for the unit which I have applied for with this application.
 - I understand that I acquire no rights in the apartment until I complete the application, pay the holding fee, and execute a lease on the apartment.

***APPLICATION FEE AND HOLDING FEE MUST BE PAID BY MONEY ORDER OR CASHIERS CHECK MADE PAYABLE TO THE PROPERTY**

"I/We hereby authorize the Community to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records or arrest, rental history, employment/salary details, vehicle records, licensing records, and/or necessary information. I hereby expressly release the Community, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

"I/We certify that, to the best of my knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction."

Applicant(s) Signature:

APPLICANT'S SIGNATURE: _____

DATE SUBMITTED: _____

CONTACT PHONE # ()

CIRCLE ONE: HOME WORK CELL OTHER

APPLICANT'S SIGNATURE: _____

DATE SUBMITTED: _____

CONTACT PHONE # ()

CIRCLE ONE: HOME WORK CELL OTHER

Agent Signature:

AGENT FOR THIS OWNER: _____

DATE RECEIVED: _____