

RENTAL APPLICATION

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

COMMUNITY NAME			Referred By			COMMUNITY PHONE #			COMMUNITY FAX #			APT #			
Mojave Breeze 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		DRIVERSLICENSE #	STATE	
				M S D W							M F				
APPLICANT'S LAST NAME		FIRST	MI	MARITAL STATUS (CIRCLE ONE)		SOCIAL SECURITY #			D.O.B.		GENDER		DRIVERSLICENSE #	STATE	
				M S D W							M F				
OTHER PERSONS THAT WILL OCCUPY THE PROPERTY	FULL NAME			RELATION		MONTH	DOB	YEAR	FULL NAME			RELATION	MONTH	DOB	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 APPLICANTS 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 _____											

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

- **HOLDING FEE* \$ _____**
 - o Upon approval, this fee will be credited against future rent.
 - o 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.
 - o 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: _____