RENTAL APPLICATION

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

COMMUNITY NAME	Referred By	COMMUNITY PHONE #	COMMUNITY FAX #	APT#
Meadow Vista Apartments	MyVegasApt.com	702-457-1760	702-457-7692	
APPLICANT'S LAST NAME FIRST MI MARITAL S	S D W	SOCIAL SECURITY#	MF	STATE
APPLICANT'S LAST NAME FIRST MI MARITAL M	12.51 22.55 10.10 0	SOCIAL SECURITY #	DO.B. GENDER DR	IVER'SLICENSE # STATE
FULL NAME	RELATION DO MONTH DA		RELATION	DOB MONTH DAY YEAR
OTHER PERSONS FULL NAME THAT WILL OCCUPY THE	RELATION DX	OB FULL NAME AY YEAR	RELATION	DOB MONTH DAY YEAR
PROPERTY WILL A PET OCCUPY THE PROPERTY? YES NO	BREED	TYPE WEIGHT IS THE PET F	ROPERLY LICENSED & INOCULATED FOR RABIES? YES NO	
RESIDENCE HISTORY				
PRESENT STREET ADDRESS AF	T# CITY	STATE ZIP CODE	DATES OF OCCUPANCY MOVE IN DATE MOVE OUT DATE	1 1
PRESENT LANDLORDMORTGAGE COMPANY/APARTMENT COMMUNITY	L	MONTHLY PAYMENT LANDLORD PHONE + ARE.	CODE	OWN RENT
SPOUSE'S ADDRESS IF DIFFERENT AF	T# CITY	STATE ZIP CODE	DATES OF OCCUPANCY MOVE IN DATE MOVE OUT DATE	1 1
SPOUSE'S LANDLORDMORTGAGE COMPANY/APARTMENT COMMUNITY		MONTHLY PAYMENT LANDLORD PHONE + ARE.		CIRCLE ONE OWN RENT
EMPLOYMENT HISTORY				
NAME OF PRESENT EMPLOYER	PHONE NUMBER +		DIRECT SUPERVISOR/HUMAN RESOURCES	
EMPLOYMENT ADDRESS	START DATE END DATE	CURRENT POSITION HELD	GROSS INCOME (BEFORE	E 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 IN	COME IS TO BE CALCULATED FOR QUALIFICATION HE	EREUNDER)	AMOUNT \$	
CONTROL DE LA CONTROL DE L		FORMATION		
YEAR MAKE AUTO #1	MOI	DEL	COLOR	LICENSE PLATE STATE
YEAR MAKE AUTO #2	MOI	DEL	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?	ON FILED AGAINST YOU?			ES NO ES NO
DO YOU CURRENTLY OWE ANY PRIOR LANDLORDS HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICT		ISE?		ES NO
HAVE YOU EVER BEEN CONVICTED OF A DRUG REL	ATED CRIME?	ET ADDRESS		ES NO
NAME OF APPLICANTS NEAREST RELATIVE	TELEPHONE WITH AREA CODE. STREET	ET ADDRESS	un en	SIAIE ZIF CODE
NAME OF SPOUSE'S NEAREST RELATIVE	TELEPHONE WITH AREA CODE STREE	ET ADDRESS	СПУ	STATE ZIP CODE
NAME OF SPOUSE'S NEAREST RELATIVE EMERGENCY CONTACT			CITY STREET ADDRESS	STATE ZIP CODE
	WORK TELEPHONE WITH AREA CODE HOME	TELEPHONE	STREET ADDRESS	CITY STATE ZIP CODE

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APPLICANT'S SIGNATURE:

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AGENT FOR THIS OWNER:

CONTACT PHONE #

Agent Signature:

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* \$_ 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 into a lease agreement for the unit which I have applied for wit 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 what-soever 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

DATE SUBMITTED:

CIRCLE ONE: HOME

WORK

DATE RECEIVED:

CELL

OTHER