

RENTAL APPLICATION

(This form must be filled out completely)

House or Condo Interested In: _____

Move-In Date Requested: _____

How Many People? _____

How Did You Hear of Us? _____

**Submit Application
with: 2 Recent Paystubs
& Copy of Valid ID**

Fax #: 702-360-2631
Email: maggie@lvfh.us
Website: www.lvfh.us

APPLICANT INFORMATION:

Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

OTHER OCCUPANTS (Names/Children's Ages):

<u>Name</u>	<u>Cell Phone (if Adult)</u>	<u>Age (if Child)</u>

Current Address: _____ City: _____ State: _____ Zip: _____

Dates Lived at This Address: From: _____ To: _____

Reason for Leaving: _____

Landlord/Manager (if rental): _____ Telephone: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Dates Lived at This Address: From: _____ To: _____

Reason for Leaving: _____

Landlord/Manager (if rental): _____ Telephone: _____

VEHICLE(S):

(1) Make: _____ Model: _____ Year: _____ License # _____ Exp: _____ Color: _____

(2) Make: _____ Model: _____ Year: _____ License # _____ Exp: _____ Color: _____

EMPLOYMENT:

Company Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Telephone: _____

Date Employment Began: _____

INCOME:

Gross Monthly Employment Income Before Deductions: \$ _____

Gross Monthly Income from Other Sources (average): \$ _____

CREDIT and FINANCIAL INFORMATION:

Name of Financial Institution (Bank or Credit Union): _____

Check One: Checking Account Savings Account Both Checking and Savings Accounts

Credit Cards: Type: _____ Creditor: _____ Amt Owed: _____ Monthly Payment: _____

Type: _____ Creditor: _____ Amt Owed: _____ Monthly Payment: _____

Loans: Type: _____ Creditor: _____ Amt Owed: _____ Monthly Payment: _____

Type: _____ Creditor: _____ Amt Owed: _____ Monthly Payment: _____

MISCELLANEOUS: (check appropriate answer)

Are you (or have you been) in the Military? Yes No (if on duty, provide a copy of your orders)

Do you have pets? Yes No If Yes, describe (breed, weight) _____

Do you smoke? Yes No (smoking is permitted only outside)

Have you ever been evicted? Yes No If Yes, explain: _____

Have you ever been convicted of a felony? Yes No If Yes, explain: _____

Comments: _____

PERSONAL REFERENCES:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Known this reference how long? _____

NEAREST RELATIVE:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

I hereby certify and affirm that all information provided above is true and correct. I fully understand that my lease or rental agreement may be terminated if I have made any false, misleading or incomplete statement in this application. I hereby authorize verification of all information provided in this application, including financial and credit information, via credit bureaus, a background check that is not issued by a consumer reporting agency and/or contact with current and previous employers, current and previous landlords and personal references.

APPLICANT

DATE

Landlord Use Only

Identification Checked (type of ID, exp. date, #): _____