



RENTAL APPLICATION PROCEDURES

Attached is an application for the property located at _____. The monthly rent is \$_____ (not including any applicable utility fees). The initial security deposit is \$_____. The non-refundable application processing fee is \$40.00 per adult and will be accepted as MONEY ORDER or CASH ONLY. For cash, please provide exact amounts as Western Nevada Management does not provide change. It is the Applicant(s) responsibility to submit the application with the appropriate processing fees. Applications will **only** be accepted on a first come first serve basis.

Qualifying guidelines for approving applications include but are not limited to gross monthly income, credit history, and/or rental history. In the event the application is approved, INITIAL DEPOSITS MUST BE PAID IN FULL PRIOR TO APPLICANT(S) TAKING POSSESSION OF THE PREMISES. **ALL MOVE-IN COSTS ABOVE AND BEYOND THE PROCESSING FEE LISTED ABOVE WILL BE ACCEPTED IN THE FORM OF CASHIER'S CHECK OR MONEY ORDER ONLY.** Please keep deposit monies separate from rent monies as deposits are placed in a separate account on behalf of the Applicant(s) and/or Tenant(s).

Applicant(s) acknowledge that they may be responsible for the following marked utilities to be verified at lease signing for the duration of their residency in the above listed property. This excludes any changes that may occur upon proper notice and/or expiration of any signed lease agreements:

Water _____
Gas _____
Electric _____
Trash _____
Sewer _____
Oil _____
Propane _____
Cable/Dish Network
Telephone/Internet

Applicant Signature _____
Date _____
Applicant's Desired Move-in Date _____
Initial Lease Term _____



Rental Application

Applicant's Personal Data (Please Print)

Full Name: First-Middle-Last-Generation	Birth Date	Drivers License #	State	Social Security

Other Persons to Occupy the Property

Full Name: First-Middle-Last-Generation	Age	Relationship	Occupation

Residence History

Address-City-State-Zip	Date	Monthly Rent	Owner/Manager Name & Phone # & Fax #
Present			
Previous			
Prior			

Employment History

Company Name	Address	Job Title	Supervisor Name/Phone # & Fax #	Dates Employed	Salary
Present					
Previous					
Prior					

Banking Information

Bank Name	Phone #	Account #	Balance

Credit/Loan Accounts

Company Name	Account #	Amount Borrowed	Monthly Payment	Balance

Automobiles

Make	Model	Year	Color	License #	Legal Owner	Payment

References (Not related to you)

Name	Phone #	Relationship	Length Acquainted	Occupation

Nearest Relative and/or Emergency Contact

Name	Relationship	Address	Phone #

	Yes	No
Has any Civil judgment been entered against you for the collection of a debt in the past ten (10) years?		
Do you have any water filled furniture or do you intend to get any water filled furniture?		
Do you smoke?		
Do you have any pets or do you intend to get any pets?		
Have you filed for bankruptcy in the past ten (10) years?		
Have you ever been evicted or have you ever refused to pay rent for any reason?		
Have you, or do you intend to, possess, sell, or use illicit drugs or narcotics in your residence?		
Have you ever lived here before or do you know anyone living here now or in the past?		
Have you ever been arrested for a felony or convicted of a misdemeanor?		
If you have answered "YES" to any question, please explain fully:		
How did you hear of this vacancy?		

I understand that I acquire no right to the rental property until a fully executed rental agreement has been completed and all monies due have been paid. I certify that to the best of my knowledge, all statements are true and complete.

Applicant Name PRINTED

Home Phone

Work Phone

Cell Phone

Applicant Signature

Date

**ACCESS CREDIT REPORTS, LLC
A SUBSIDIARY OF ZIP REPORTS**

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand that Access Credit Reports, LLC will be preparing my record report. I authorize my creditors to release to Access Credit Reports, LLC all information necessary to complete said report. I further authorize my creditors to release said information by telephone and request it to be done in this manner whenever possible.

Dated this _____ day of _____, 20_____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ SSN: _____

Date of Birth: _____

In the event of an Adverse Action on said application, I, as the applicant, understand that the Consumer Reporting Agency that supplied the report did not make the decision to take said action and cannot give specific reasons for said action. I have the right to dispute the accuracy or completeness of any information the agency furnished, and the right to obtain a free consumer report from the agency upon written request within 60 days from:

A Subsidiary of Zip Reports
255 West Moana Lane Suite 101
Reno, Nevada 89509
Phone: 775-823-5555
Fax: 775-823-5560

In compliance with the Fair Credit Reporting act, Western Nevada Management is informing you that information as to your character, general reputation and mode of living will be verified. As the prospective tenant, by signing said application, you agree that facts set forth in this application are true and complete, and that a complete investigation of all on this application will not constitute invasion of privacy. You authorize Access Credit Reports to obtain credit reports, bank information, employment information, and/or character reports as necessary. You authorize your employers and/or references to release such information as necessary. Access Credit Reports has your permission to release information found in screening to Western Nevada Management. You understand that any misrepresentation will be sufficient cause for dismissal or voiding of this application. False, fraudulent or misleading information reported may be grounds for denial of tenancy, or subsequent eviction.



EMPLOYMENT VERIFICATION
(SIGN BOTTOM ONLY)

REPORT TO: Jodi Corona FAX: 775-284-4465 DATE: _____

NAME OF APPLICANT _____

SOCIAL SECURITY NUMBER: ***-**-****

DATE OF EMPLOYMENT: FROM: _____ TO: _____

POSITION HELD: _____

RATE OF PAY: _____

ADDITIONAL COMMENTS: _____

VERIFIED BY: _____

TITLE: _____

DATE: _____

LANDLORD REQUESTING INFORMATION: WESTERN NEVADA MANAGEMENT, INC.

In Compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation and mode of living will be verified. The facts set forth in this application are true and complete. I/We as the prospective tenant(s) agree that a complete investigation of all on this application will not constitute invasion of privacy. I/We authorize Western Nevada Management (WNM) to obtain credit reports, bank information, employment information, and/or character reports as necessary. WNM has permission to release information found in screening. I/We understand any misrepresentations will be sufficient cause for dismissal or voiding of this application. False, fraudulent or misleading information may be ground for denial of tenancy, or subsequent eviction.

SIGNED: _____

DATE: _____



TENANT RENTAL HISTORY VERIFICATION
(SIGN BOTTOM ONLY)

REPORT TO: Jodi Corona **FAX:** 775-284-4465 **DATE:** _____

NAME OF APPLICANT (1) _____

NAME OF APPLICANT (2) _____

ADDRESS: _____

APPROXIMATE MOVE-OUT DATE: _____

APPLICANT IS/WAS ON A LEASE: _____ **OR MONTH-TO-MONTH AGREEMENT** _____

MOVE-IN DATE _____ **MOVE-OUT DATE** _____

MONTHLY RENTAL RATE:\$ _____

LEASED IN THEIR NAME (APPLICANT 1): YES NO

LEASED IN THEIR NAME (APPLICANT 2): YES NO

PAID RENT ON TIME? YES NO **IF LATE, HOW MANY?** _____

NSF CHECKS? YES NO **IF YES, HOW MANY?** _____

5-DAY PAY OR QUIT? YES NO **IF YES, HOW MANY?** _____

FILED IN COURT? YES NO

30-DAY CAUSE/NO CAUSE? YES NO **IF YES, HOW MANY?** _____

FILED IN COURT? YES NO

NOISE COMPLAINTS? YES NO **HOW MANY?** _____

PETS? YES NO **TYPE?** _____

PROPER NOTICE TO VACATE GIVEN? YES NO

UNIT LEFT IN GOOD CONDITION? YES NO

COMMENTS: _____

WOULD YOU RE-RENT TO APPLICANT(S)? YES NO

COMMENTS: _____

VERIFIED BY: _____ **TITLE:** _____

LANDLORD REQUESTING INFORMATION: WESTERN NEVADA MANAGEMENT, INC.

In Compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation and mode of living will be verified. The facts set forth in this application are true and complete. I/We as the prospective tenant(s) agree that a complete investigation of all on this application will not constitute invasion of privacy. I/We authorize Western Nevada Management (WNM) to obtain credit reports, bank information, and/or character reports as necessary. WNM has permission to release information found in screening. I/We understand any misrepresentations will be sufficient cause for dismissal or voiding of this application. False, fraudulent or misleading information may be ground for denial of tenancy, or subsequent eviction.

SIGNED: _____ **DATE:** _____

SIGNED: _____ **DATE:** _____



EMOTIONAL SUPPORT ANIMAL APPLICATION/ADDENDUM



1 This Application/Addendum to the Residential Lease/Rental Agreement dated _____, on the property located at
2 _____
3 between _____ (TENANT)
4 and _____ (MANAGING BROKERAGE),
5 is being attached this date _____ and becomes effective when signed by all parties.
6

7 Under the Federal Housing Act and Section 504, persons with disabilities may request a reasonable accommodation for any
8 assistance animal, including an Emotional Support Animal. If you or a member of your household has a disability and feel
9 that there is a need for a reasonable accommodation for an Emotional Support Animal please provide the following
10 Emotional/Support Animal Information:
11

12 Type: _____ Size: _____ Weight: _____ County Animal License # _____
13 Breed and Description: _____
14

15 Emotional Support Animal shall be on a leash at all times as required by governing entities, when outside of the property and
16 supervised by a responsible person. Emotional Support Animal must not be tied or tethered to any trees bushes, fences, posts
17 or other areas outside of the property. All waste will be picked up by the Tenant no less than every _____ day(s) and at
18 move-out.

19 Tenant will be responsible for any damages caused by Emotional Support Animal. Tenant must repair/replace any
20 and all damaged items to the original condition.

21 Tenant agrees that Management has the right to revoke this agreement with written notice to the Tenant in
22 accordance with the law.

23 Tenant agrees to remove Emotional Support Animal if Emotional Support Animal becomes a nuisance/annoyance
24 or disrupts the rights of others.

25 Tenant understands that Emotional Support Animals are defined separately from Certified ADA Service Animals
26 and that Emotional Support Animals may not be allowed in certain common areas of a Common-Interest
27 Community such as pools and recreation areas. Tenant is responsible for reviewing all current Rules & Regulations
28 and CC&R's.
29

30 Attach the following

- 31 A letter from the medical/social service professional certifying the disability and need for an accommodation and/or
32 modification IS NOT required to reveal the specific nature and/or severity of the individual's disability
- 33 Current vaccination record for the Emotional Support Animal
- 34 Current picture for Emotional Support Animal

35
36 DATED _____ TIME _____

37
38 TENANT _____ Managing Licensee _____

39
40 TENANT _____ Managing Licensee's Nevada License # _____

41
42 TENANT _____ Managing Brokerage _____

43
44 TENANT _____ Broker's Name _____

45
46 _____ Contact Phone _____
47

48 **Response**

49 Managing Licensee, having reviewed this Application of Emotional Support Animal submitted by Tenant(s).

50 approves Tenants Application **OR** rejects Tenant's Application.

51
52 Managing Licensee: _____ Dated: _____