

Specialists Real Estate Rental Application

Property Address _____

City, State, Zip, _____

Move in Date _____ Application Fee _____ Security Deposit _____

Key Deposit _____ Cleaning Deposit _____ Pet Deposit _____

Monthly Rent _____

Applicant _____

Home Phone# _____ Other Phone _____

SSN# _____ DL# _____ State _____

Birth date _____

Current Address _____

City, State, Zip, _____

Renting? _____ If yes Landlord's Name _____

Landlords Phone # _____

How Long? _____ Reason For Leaving _____

Prior Street Address _____

City, State, Zip, _____

Renting? _____ If yes Landlord's Name _____

Landlords Phone # _____

How Long? _____ Reason For Leaving _____

Current Employer _____

How Long? _____ Position _____

Address _____

City, State, Zip, _____

Phone# _____ Fax# _____

Salary \$ _____ Per Month Supervisor _____

Other Source of Income _____ Salary _____

Co- Applicant _____

Home Phone# _____ Other Phone _____

SSN# _____ DL# _____ State _____

Birth date _____

Current Address _____

City, State, Zip, _____

Renting? _____ If yes Landlord's Name _____

Landlords Phone # _____

How Long? _____ Reason For Leaving _____

Prior Street Address _____

City, State, Zip, _____

Renting? _____ If yes Landlord's Name _____

Landlords Phone # _____

How Long? _____ Reason For Leaving _____

Current Employer _____

How Long? _____ Position _____

Address _____

City, State, Zip, _____

Phone# _____ Fax# _____

Salary \$ _____ Per Month Supervisor _____

Other Source of Income _____ Salary _____

In Addition to Applicant(s), Other Person(s) to be at premises:

Name	Relationship	Age	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pet(s)? # _____
Cat(s) Dog(s) Weight Spayed Neutered

Pet(s) Breed(s) _____

How long do You Plan to Occupy the Premises? _____

Emergency Contact Information: Phone# _____

Name _____ Relation _____

Disclosure

Please Read Before Signing.

- 1) Applicant(s) undersigned hereby understand that Richard Jones & James West are the Leasing Agents and are the representatives for the Landlord for the property located at _____
_____.
- 2) Applicant(s) declare that the information contained in this application is true and correct.
- 3) Applicant(s) Herby authorizes Summerlin Specialist Realty to verify Employment and to obtain any current or prior rental history.
- 4) Applicant(s) acknowledge that rent is due on the 1st of the month and that it is late after the 5th.
- 5) Applicant(s) hereby pays \$50.00 as a nonrefundable Application Fee. Applicant also pays a \$500.00 Holding deposit if the move in date is 2 weeks or more past the application date. If the applicant is declined, said deposit will be refunded in no later than 4 business days. If applicant(s) are approved and thereafter declines to fulfill this agreement by completing a lease and depositing the balance of the deposits and the first months rent, the holding deposit will become forfeit and the Landlord will retain it for administrative expenses.
- 6) Applicant(s) agrees to execute a Lease Agreement within 7 calendar days of the acceptance of this application.
- 7) Applicant(s) herby releases Landlord, Landlord's agent and this company from any liability and or damages which may result from the above information. Applicant also releases current landlord, and previous landlords listed above from any damage, liability, or injury caused by the release of information regarding the applicant to the landlord or landlord's agent.
- 8) Any false statement herein is considered grounds for denial.
- 9) Approval for this application is made without regard to Race, Color, Religion, Sex, National Origin, Age, or Handicap.

Applicant _____ Time _____ Date _____

Co-applicant _____ Time _____ Date _____

Credit Report Authorization

I/We authorize Specialist Real Estate to obtain my/our consumer credit report.
I/we understand that the purpose of this credit report is to check my credit history.

APPLICANT

CO-APPLICANT

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DATE OF BIRTH

CURRENT STREET ADDRESS

CURRENT STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PREVIOUS STREET ADDRESS

PREVIOUS STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

SIGNATURE

SIGNATURE

It is understood that Credit Managers Association of Northern Nevada, Inc. is not responsible for information contained in the credit report and that it is the responsibility of the consumer to contact the appropriate credit bureau to correct or dispute any inaccuracies contained in the report.

Experian.....1-888-397-3742

Equifax.....1-800-658-1111