

APPLICATION FOR RENTAL

Address/Property to be Leased: _____

Desired Move-In Date: _____



PROPERTY MANAGEMENT
7560 W SAHARA AVE, STE 101
LAS VEGAS, NV 89117

Phone (702) 228-0686 Fax (702) 228-0690
Email: pm@therussellgroupnevada.com
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TO THE APPLICANT(S): To ensure a prompt response to your application, please fill out all the required information and write as legible as possible. **Please be advised, if the application is NOT complete, the application will NOT be processed.**

APPLICANT

Print Full Name	Social Security No. - -	Date of Birth / /	Age
Spouse or Roommate	Social Security No. - -	Date of Birth / /	Age
I am being represented by a Real Estate Agent: <input type="checkbox"/> YES <input type="checkbox"/> NO PID# _____ MLS# _____ Name: _____ Company: _____			

RESIDENCE

Present Address (Street, City, State, Apt #, Zip)	Present Phone Number
Email Address	Alternate Phone Number
Landlord or Community Name & Address	Landlord Phone Number
Previous Address (Street, City, State, Apt #, Zip)	Move-In/Move-out dates
Landlord or Community Name & Address	Landlord Phone Number

EMPLOYMENT

Employee Name	Type of Business	How Long?
Address	Supervisor & Phone #	Monthly Income
Spouse or Roommate's Employer	Type of Business	How Long?
Address	Supervisor & Phone #	Monthly Income
Other Income	Source	

FINANCIAL

Bank & Branch Information:
Checking Account #: _____ **Savings Account #** _____
 Have you or your Spouse/Roommate ever file for Bankruptcy? YES NO If YES, in what Year? _____
 Country and State where Filed: _____
 Have you or your Spouse/Roommate ever had any suits, liens, judgments, or repossessions? YES NO
 Country and State where Filed: _____

PERSONAL

Others who will reside with you:
 (i.e. Children or additional Roommates)

Full Name	Relationship	Date of Birth	Age	Social Security #
		/ /		- -
		/ /		- -
		/ /		- -
		/ /		- -
		/ /		- -
		/ /		- -

Do you own any pets?: YES NO If Yes, please complete additional Pet Approval Application.
NOTE: Dog Owners MUST provides proof of Renter's Insurance at time of lease signing. Applicant(s) understand that there is a pet deposit.

Do you have Renter's Insurance?: YES NO If Yes, Insurance Carrier: _____

In case of Emergency, who should we contact? Name: _____
 Address: _____
 Relationship: _____ Phone #: _____ Alternate Phone #: _____

Driver's License #: _____ Spouse/Roommate's Driver's License #: _____

Automobile: Make: _____ Model: _____ Year: _____ License #: _____

Automobile: Make: _____ Model: _____ Year: _____ License #: _____

ADDITIONAL INFORMATION

Have you or your Spouse/Roommate ever been evicted? YES NO If YES, please explain: _____

Have you or your Spouse/Roommate ever refused to pay rent when due? YES NO If YES, please explain:

How long do you intend to reside at this property? _____

Have you or your Spouse/Roommate ever been convicted of a felony? YES NO If YES, please explain:

INCLUDE WITH YOUR APPLICATION THE FOLLOWING:

- **Identification:** (i.e. **Driver's License or Picture I.D. and Social Security Cards**) for everyone eighteen (18) years of age and older that will be living in the house.
- **Proof of Income:** (i.e. **W-2 Tax Records or Paycheck Stubs** for the last two (2) months) for everyone eighteen (18) years of age and older that will be living in the house.
- **Application Fee (Non-Refundable):** **\$50** for a single applicant of **\$75** married couple
- **Verification of Employment:** Should you be employed with a company that charges a fee for the verification of your employment you will be required to pay these monies in order to process this application in full
- **Hold Deposit:** Owner/Agent agrees to take property off the rental market for a period of fourteen (14) calendar days. Should tenant fail to exercise lease agreement subsequent to approval within said time frame entire hold deposit will be forfeited.
 - Please pay in the form of:
 - **Cashier's Check**, payable to **THE RUSSELL GROUP.**
 - **Money Order**, payable to **THE RUSSELL GROUP.**

This application is made for the purpose of procuring rental of premises described herein and for clearance of the applicants(s) credit. It is further understood that a credit report and complete verification will be issued by FACTUAL DATA.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether approved or denied. You are hereby authorized to check my credit and employment history. I/We agree to release from all liability any landlord or former landlord or credit grantor that may supply information to verify my credit history.

All the above data and information set forth including, but not limited to the statement of my income is warranted to be true and accurate and to fully and correctly state my/our financial condition as of the date on the application. I/We agree to notify you of any changes in the status of any of the aforementioned items during the period of my/our tenancy. I/We further understand all information on this application is true and correct and that any false information or statement is grounds for denial of rental or basis for eviction if I/we am/are the tenant(s).

The undersigned makes application to rent housing accommodations designated as:

Apartment No.: _____ Located at: _____

The agent hereby accepts from applicant the sum of \$_____ as a deposit on the unit of said premises for occupancy by _____ adults and _____ children. The monthly rental of \$_____ per month is due, payable in advance, on the 1st (first) day of each month. Cleaning fee \$_____ (non-refundable) and security deposit \$_____ are due prior to occupancy. In the event the applicant is approved and applicant fails or refuses for any reason to occupy the unit, the landlord shall retain said deposits to cover administrative costs, provided further, that in the event the application is approved, this deposit will be returned to the applicant(s).

An application processing fee of \$_____ will be charged to the applicant(s) and is non-refundable.

Accepted and agreed to:

APPLICANT

Date

APPLICANT

Date

APPLICATION FOR PET APPROVAL

This is an application to the OWNER/LANDLORD for _____,
 the TENANT, to have a pet or pets at the following address: _____
 _____.

1. The pet or pets are identified as follows:

NAME	AGE	BREED	WEIGHT	GENDER	NEUTERED?	LICENSE NO.
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	

2. TENANT certifies to OWNER/LANDLORD that the pet(s) is/are in good health, and as proof thereof, a certificate of good health from a licensed veterinarian is attached. In addition, a photograph of each pet is attached with the name on the back.
3. TENANT will keep pet(s) on a leash when not in a fenced backyard area and will clean up all waste on the property, as well as in any common areas.
4. TENANT will abide by all rules and regulations and CC&R's, with respect to pet ownership.
5. TENANT acknowledges and understands that the representations herein are considered to be material provisions of the Residential Lease Agreement.
6. TENANT requests OWNER/LANDLORD's approval to keep the above named pet(s) in the leasehold premises.

 TENANT

 Date

 TENANT

 Date

LANDLORD, through LANDLORD's BROKER, having considered the Application for Pet Approval submitted by TENANT, does hereby Approve Reject TENANT's application.

By: _____
 AUTHORIZED AGENT FOR BROKER

 Date



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***** AUTHORIZATION *****
PLEASE READ CAREFULLY

Your signature on this form indicates that you have read, understand and agree to the terms outlined herein. If you do not understand, please seek legal advice prior to paying the application fee and your security deposits.

The application fee is NON-REFUNDABLE, and is payable by cashiers check or money order at the time you submit your application to lease the property at _____. The Russell Group will run a credit report and/or background check for each adult (18 years of age and older) planning to reside at the property. We will also contact your employer(s) and your current and previous landlord(s) to verify the information you have provided. **It is important that the information on this application be accurate and complete.** By signing, you represent and warrant its accuracy and authorize The Russell Group to verify your references, rental history and employment.

When your application is approved, a Hold Deposit in the amount of \$_____ is due and payable by cashier's check or money order immediately. All move-in funds must be certified and made payable to: **The Russell Group.** We will take the property off the rental market once the application is approved and/or the Hold deposit is paid. **The property will be held for a maximum of two (2) weeks before the rent starts, from the date of approval.** A hold deposits are fully refundable in the event management/owner should deny your application. However, in the event that tenant does not execute the lease agreement within the specified time frame the entire hold deposit will be forfeited. The Security Deposit(s) is to be paid in full prior to the move-in date. **Certified funds only** will be accepted.

Applicant(s) understands that all rental properties are in "as is" condition upon move-in.

AGENCY DISCLOSURE: The Russell Group is working for the property owner, under a separate leasing/management agreement. As agents for the owner, we have an obligation of trust and loyalty to work towards the OWNER's best interests. As REALTORS, we strive to treat you and all parties to this transaction honestly and fairly.

I HAVE READ AND UNDERSTAND:

APPLICANT

Date

APPLICANT

Date