



# Rental Application

*Each applicant over the age of 18 must submit a separate application, except spouses*

**1400 Avenue of the Oaks Sparks, NV 89431**

Page 1 of 2

**(P) 775-355-7900**

**(F) 775-355-7902**

## APPLICANT

<b>First Name:</b>	<b>Middle:</b>	<b>Last Name:</b>	
<b>Date of Birth:</b> / /	<b>Driver's License #:</b>	<b>Gender:</b> M / F	
<b>Marital Status:</b>	<b>E Mail:</b>		
<b>Social Security # / TIN:</b> - -	<b>Phone #:</b> ( ) -		

## SPOUSE

<b>First Name:</b>	<b>Middle:</b>	<b>Last Name:</b>	
<b>Date of Birth:</b> / /	<b>Driver's License #:</b>	<b>Gender:</b> M / F	
<b>Marital Status:</b>	<b>E Mail:</b>		
<b>Social Security # / TIN:</b> - -	<b>Phone #:</b> ( ) -		

<b>(Minor) First Name:</b>	<b>Last Name:</b>		
<b>Relationship:</b>	<b>Social Security #:</b> - -		
<b>Birthday:</b> / /	<b>Gender:</b> M / F		
<b>(Minor) First Name:</b>	<b>Last Name:</b>		
<b>Relationship:</b>	<b>Social Security #:</b> - -		
<b>Birthday:</b> / /	<b>Gender:</b> M / F		
<b>(Minor) First Name:</b>	<b>Last Name:</b>		
<b>Relationship:</b>	<b>Social Security #:</b> - -		
<b>Birthday:</b> / /	<b>Gender:</b> M / F		

<b>Current Address:</b>		<b>Apt #</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Own or Rent:</b>	<b>Monthly Rent: \$</b>	<b>Complex Name:</b>	
<b>Landlord Name:</b>	<b>Landlord Phone #:</b>		<b>Dates of Occupancy:</b>
<b>Previous Address:</b>		<b>Apt:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Own or Rent:</b>	<b>Monthly Rent: \$</b>	<b>Complex Name:</b>	
<b>Landlord Name:</b>	<b>Landlord Phone #:</b>		<b>Dates of Occupancy:</b>

<b>Any Pets?</b> Y / N	<b># Of Pets:</b>	<b>Type of Pet:</b>
<b>Breed:</b>	<b>Weight:</b>	<b>Size and breed restrictions apply. No more than 2 pets per apt. Each pet requires a deposit, some of which is non-refundable.</b>
<b>How did you hear about us?</b>		

Pursuant to State and Federal Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at Fountainhouse at Victorian Square. I/we, the undersigned applicants(s) authorize landlord, Fountainhouse at Victorian Square, or an agent for the owner to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/we further authorize banks, employers, creditors, credit card companies, references and any and all other persons to provide the Landlord any and all information concerning my/out credit and information provided herein. INTIAL ( ) INITAL ( )



## Rental Application

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Have you ever lived in a residence with a bedbug infestation? Y/N How long ago?:

Have you ever declared bankruptcy? Y/N When was it discharged?:

Do you owe a current or previous landlord money? Y/N At what address?:

Have you ever been convicted of a criminal offense? Y/N Offense:

Does anyone listed on this application smoke? Y/N Date:

(Applicant) Employer: Phone #: ( ) -

Work Address: Dates of Employment:

Job Title: Hours Worked Per Week: Monthly Gross Income: \$

Additional Source of Income: Monthly Gross Income: \$

(Spouse) Employer: Phone #: ( ) -

Work Address: Dates of Employment:

Job Title: Hours Worked Per Week: Monthly Gross Income: \$ per month

Additional Source of Income: Monthly Gross Income: \$ per month

\*\*\* Please provide 2 recent pay stubs or supporting documents for each source of income. \*\*\*

(Emergency Contact) Name: Relation:

Phone #: ( ) - Cell #: ( ) -

(Emergency Contact) Name: Relation:

Phone #: ( ) - Cell #: ( ) -

Vehicle Make/Model: Vehicle Color/ Plate

Vehicle Make/Model: Vehicle Color/ Plate

I/we understand that I/we acquire no rights to an apartment until I/we sign this agreement & place a non-refundable holding fee of \$100 on the unit I have selected, with a signed application & app fee. In consideration of Fountainhouse at Victorian Square holding the unit for me, I/we hereby waive all rights to the return of the holding fee, and this fee shall be retained, after a 72 hour period from the date it is received by management, as liquidated damages in the event that I do not choose to enter into the Lease Contract applied herein. INITIAL ( ) INITIAL ( )

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you understand that an incomplete or fraudulent application may result in delay of processing or denial of tenancy.

(Applicant) Signature: Date Signed:

(Spouse) Signature: Date Signed:

(Agent for Owner) Signature: Date Received:

