RENTAL APPLICATION

Application is not complete until page 4 is signed. Unless this application is initialed on each page it will not be processed. (If more than two persons are applying, use additional applications.)

REQUIRED TO SUBMIT:
(Cash, MO, CC)
Application (Non-Refundable)
Fee $ ______________
Deposit to Hold $ ______________
Amt. Received $ ______________

PROPERTY ADDRESS ______________________________

CITY, STATE, ZIP ______________________________

MOVE-IN DATE ______________________________

(NON-REFUNDABLE) APPLICATION FEE $ ____________ RENT $ ____________ SECURITY DEPOSIT $ ____________ PET DEPOSIT $ ____________ (NON-REFUNDABLE) PROCESSING FEE $ ____________

KEY DEPOSIT $ ____________ CLEANING FEE $ ____________ OTHER $ ____________

EVIDENCE BY: CASH ________ CHECK ________ CASHIER'S CHECK ________ MONEY ORDER ________

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

APPLICANT: ______________________________

HOME PHONE # ____________________ OTHER PHONE ____________________

EMAIL ______________________________ SSN# ____________________

DL# ____________________ STATE ________ BIRTH DATE ____________________

CURRENT ADDRESS: ______________________________

CITY, STATE, ZIP ______________________________

LANDLORD NAME / MORTGAGE HOLDER: ____________________ PAYMENT: ____________

PHONE # ____________ HOW LONG? ____________ (PLEASE CHECK ONE) ☐ OWNED OR ☐ RENT

REASON FOR LEAVING ______________________________

PRIOR STREET ADDRESS: ______________________________

CITY, STATE, ZIP ______________________________

LANDLORD NAME / MORTGAGE HOLDER: ______________________________

PHONE # ____________ HOW LONG? ____________ (PLEASE CHECK ONE) ☐ OWNED OR ☐ RENT

REASON FOR LEAVING ______________________________

CURRENT EMPLOYER: ______________________________

HOW LONG? ____________ EMPLOYED AS ______________________________

ADDRESS: ______________________________

CITY, STATE, ZIP ______________________________

PHONE # ____________________ FAX# ____________________

McKenna Property Management 2230 Corporate Cir #250 Henderson, NV 89074
Phone: (702)434-4663 Fax: (702)939-0073 Jenni McKenna Blank

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SALARY: $ ______________________ PER/MO SUPERVISOR: ______________________

OTHER INCOME: SOURCE ______________________ AMOUNT: $ ______________

PRIOR EMPLOYER (IF LESS THAN 3 YEARS): ______________________ PHONE # ______________

HOW LONG? ______________ EMPLOYED AS ______________________

SALARY: $ ______________________ PER/MO SUPERVISOR: ______________________

CREDIT REFERENCES: BANK ______________________ ACCT.# ______________

ADDRESS ______________________

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CO-APPLICANT: ______________________

SSN # ______________ DL# ______________ STATE ________ BIRTH DATE ______________

PHONE # ______________ EMAIL ______________________

CURRENT ADDRESS: ______________________

CITY, STATE, ZIP ______________________

LANDLORD NAME / MORTGAGE HOLDER: ______________________ PAYMENT: ______________

PHONE # ______________ HOW LONG? ______________ (PLEASE CHECK ONE) ☐ OWNED OR ☐ RENT

PRIOR STREET ADDRESS: ______________________

CITY, STATE, ZIP ______________________

LANDLORD NAME / MORTGAGE HOLDER: ______________________

PHONE # ______________ HOW LONG? ______________ (PLEASE CHECK ONE) ☐ OWNED OR ☐ RENT

REASON FOR LEAVING ______________________

CURRENT EMPLOYER: ______________________

HOW LONG? ______________ EMPLOYED AS ______________________

ADDRESS: ______________________

CITY, STATE, ZIP ______________________

PHONE # ______________________ FAX# ______________________

SALARY: $ ______________ PER/MO SUPERVISOR: ______________________

OTHER INCOME: SOURCE ______________________

AMOUNT: $ ______________

PRIOR EMPLOYER (IF LESS THAN 3 YEARS): ______________________ PHONE # ______________

HOW LONG? ______________ EMPLOYED AS ______________________

SALARY: $ ______________ PER/MO SUPERVISOR: ______________________

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CREDIT REFERENCES: BANK _____ ACCT.# _____

ADDRESS _____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AUTOMOBILES:

MAKE _____ MODEL _____ LIC# _____ STATE ___ YR _____ COLOR _____

MAKE _____ MODEL _____ LIC# _____ STATE ___ YR _____ COLOR _____

MAKE _____ MODEL _____ LIC# _____ STATE ___ YR _____ COLOR _____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

IN ADDITION TO APPLICANT(S), OTHER PERSONS TO BE AT PREMISES:

NAME RELATIONSHIP AGE OCCUPATION

_____

_____

_____

_____

PETS? (Y/N) _____ HOW MANY? Cats _____ Dogs _____ Other _____

Name	Cat or Dog?	Breed	Weight	Spayed or Neutered?

If Other, please explain: _____

_____

_____

HAS ANY APPLICANT EVER FILED BANKRUPTCY? _____ GIVE DETAILS _____

_____

HAS ANY APPLICANT EVER BEEN EVICTED? _____ EXPLAIN _____

_____

HAS ANY APPLICANT EVER WILLFULLY REFUSED TO PAY RENT WHEN DUE? _____ EXPLAIN _____

_____

HAS ANY APPLICANT OR OCCUPANT EVER BEEN CONVICTED OF A GROSS MISDEMEANOR OR FELONY?

YES ☐ OR NO ☐ IF YES PLEASE EXPLAIN _____

_____

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HOW LONG DOES APPLICANT PLAN TO LIVE HERE? ____________ DOES APPLICANT PLAN TO USE LIQUID FILLED FURNITURE? ____________ TYPE ____

DOES ANYONE IN THE HOUSEHOLD SMOKE? Y/N ________

APPLICANT IN CASE OF EMERGENCY, PERSON TO NOTIFY: ______________________________

RELATIONSHIP: ______________________________ *PHONE #* ______________

CO-APPLICANT IN CASE OF EMERGENCY, PERSON TO NOTIFY: ______________________________

RELATIONSHIP: ______________________________ *PHONE #* ______________

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

DISCLOSURE

PLEASE READ CAREFULLY BEFORE SIGNING

1. APPLICANT UNDERSTANDS THAT ______________________________ IS THE LEASING AGENT AND REPRESENTATIVE FOR THE LANDLORD OF THE PREMISES LOCATED AT ______________________________ AT A MONTHLY RENT OF $ ______________ .
2. APPLICANT DECLARES THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT, AND APPLICANT AUTHORIZES AN EMPLOYMENT CHECK, CRIMINAL RECORDS CHECK, CREDIT CHECK, VERIFICATION OF REFERENCES AND CURRENT AND PREVIOUS LANDLORDS.
3. APPLICANT HEREBY PAYS $ ______________ AS A NON-REFUNDABLE APPLICATION FEE AND $ ______________ AS HOLDING DEPOSIT. IF APPLICANT IS DECLINED, HOLDING DEPOSIT SHALL BE REFUNDED WITHIN ________ BUSINESS DAYS. IF, AFTER APPROVAL, APPLICANT DECIDES NOT TO FULFILL THIS AGREEMENT BY COMPLETING LEASE AND PAYING FIRST MONTHS RENT AND REMAINING SECURITY DEPOSIT, HOLDING DEPOSIT SHALL BE RETAINED BY LANDLORD TO COVER ADMINISTRATIVE EXPENSES.
4. APPLICANT AGREES TO EXECUTE A RENTAL AGREEMENT BEFORE POSSESSION IS GIVEN AND TO PAY THE RENT AND SECURITY DEPOSIT WITHIN ____________ BUSINESS DAYS AFTER BEING NOTIFIED OF ACCEPTANCE OF THIS APPLICANT.
5. LANDLORD AND AGENT WILL NOT BE BOUND BY ANY REPRESENTATIONS, AGREEMENTS OR PROMISES, WRITTEN OR ORAL, MADE BY LANDLORD OR AGENT UNLESS CONTAINED IN THE RENTAL AGREEMENT SIGNED BY LANDLORD OR LANDLORD'S AGENT.
6. APPLICANT DOES HEREBY RELEASE LANDLORD, AGENT AND THIS COMPANY FROM ANY AND ALL DAMAGES OR LIABILITIES WHICH MIGHT RESULT FROM THE ABOVE INFORMATION. APPLICANT RELEASES PRESENT LANDLORD AND ALL PREVIOUS LANDLORDS FROM ANY AND ALL LIABILITY FOR ANY DAMAGE OR INJURY WHATSOEVER CAUSED BY PROVIDING INFORMATION TO LANDLORD OR AGENT REGARDING APPLICANT.
7. APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT A FALSE STATEMENT MADE HEREIN IS GROUNDS FOR DENIAL OF RENTAL TO APPLICANT. ANY STATEMENT HEREIN MAY BE CONSTRUED AS A CONDITION PRECEDENT TO ANY BINDING RENTAL AGREEMENT OR CONTRACT BETWEEN APPLICANT AND LANDLORD.
8. APPROVAL FOR RESIDENCY IS MADE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR HANDICAP.
9. APPLICANT UNDERSTANDS THAT APPLICANT ACQUIRES NO RIGHTS TO PREMISES UNTIL EXECUTION OF A RENTAL AGREEMENT IN THE FORM SUBMITTED AND DEPOSIT OF RENT AND SECURITY DESCRIBED ABOVE.

SIGNATURE OF APPLICANT ______________________________ ***DATE*** ____________ ***TIME*** ____________

SIGNATURE OF CO-APPLICANT ______________________________ ***DATE*** ____________ ***TIME*** ____________

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

OFFICE USE ONLY:

REFERRAL COMPANY ______________________ MLS # ______________ DATE PAID ____________

AGENT: ______________________ P.I.D. # ______________________ LICENSE # ____________

THE GREATER LAS VEGAS ASSOCIATION OF REALTORS® PROVIDES THIS FORM FOR MEMBERS ONLY AND IS NO WAY DEEMED RESPONSIBLE FOR INFORMATION PROVIDED THEREIN.