

RENTAL APPLICATION



2	FAIR HOUSING Nevada strictly abides by the Federal Fa equal opportunity. It is strictly prohibited to discriminate o disability, sexual orientation, gender identity or expression, and	n the basis of race, religious creed, color, national origin,
	APPLICANTS The application fee is \$	per
6	Fee must be paid by \square cash, \square cashier's check \square money order	er debit/credit card
	Any fee charged by employer to verify employment must be p	
	must be paid separately from any security deposits or pet fees.	and by the applicant in advance. Tees are non-retundable, and
9	must be paid separately from any security deposits of pet ices.	
-	CDEDIT CDITEDIA DDOGE OF INCOME AND IDENTI	FICATION Please attach the following to upon making
	CREDIT CRITERIA, PROOF OF INCOME AND IDENTI	Please attach the following to upon making
	application:	
	☐ Copies of last two (2) most recent paycheck stubs.	
	□ Copy of last year's income tax return	
	☐ Copies of last three (3) months bank statements	
	☐ Proof of Other Income (SIIS, child support, etc.)	
	☐ Copy of driver's license, military ID or state ID	
17	Other	
18	Utner	
19	Other	
20	□ Other	
21		
22	WHEN YOUR APPLICATION IS COMPLETE Please sul	omit Rental Application, processing fees, credit criteria, proof
	of income and identification to	
24	Incomplete Rental Applications will not be processed.	
25	1 11 1	
	Additional Information Requested:	
27		
28		
29		
30		
31		
	Please allow days to process applications. For a	meetions or concerns regarding the Dental Application please
	Please allow days to process applications. For questions contact the Licensee below.	destions of concerns regarding the Kentai Application please
	contact the Licensee below.	
34	Managina Dualance and an analysis and an analy	Managina Lianna py 01 00000 pyp
	Managing Brokerage SIGUA PROPERTY MANAGEMENT	Managing Licensee PM.0162363.BKR
36		G Pl
	Address 480 S. WELLS AVENUE	Contact Phone: (775) 786–7778
38	City Ctata 7im DENO NEL COECO	Email Address, simushusingsouther and
39	City, State, Zip: RENO NV 89502	Email Address: siguabusiness@yahoo.com
	Droparty Address	
	Property Address:	·
ວລວ	e 1 of 7 Applicant Initials [/_	/

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APPLICANT



	Application will not be accepted if received without being if more than two persons are applying.	initiale	d and signed b	by applicant. Ple	ase us	e addi	tional applications
3	if more than two persons are applying.						
	Applicant hereby makes this request to rent the following	nronert	v under the fo	llowing terms ar	nd con	ditions	2.
5	ripplicant hereby makes this request to rent the following	propert	y under the 10	nowing terms ar	ia com	annon	·
6	Requested Move In Date:						
7	Property Address (Non-Refundable) Application Fee \$ 40.00 Re (Non-Refundable) Processing Fee \$ Ke		City		State		Zip
8	(Non-Refundable) Application Fee \$ 40.00 Re	ent \$	-	Security Depos	sit \$		-
9	(Non-Refundable) Processing Fee \$ Ke	ey Fee S	3	Pet Deposit \$			
10	Cleaning Fee \$Other \$		1				
11	Evidenced by: Cash Check Cashiers Check C	Money	Order				
12	· · · · · · · · · · · · · · · · · · ·	5					
	Applicant Name	Birth [D ate				
14	Social Security Number	Driver	s License		St	ate	
	Home Phone						
16	Work Phone	Fmail					
17	work I none	Lillali					
	Current Address:		City		State		7in
			How Long?		State		Zip
20	☐ Owned ☐ Rent Payment \$		now Long: _	Dhono			
20	Landlord Name/Mortgage Holder			Pilone			
	Reason for leaving:						
	If less than 3 Years		G *.		G		7.
23	Prior Address		City		State		Zıp
24	☐ Owned ☐ Rent Payment \$		How Long? _				
25	Landlord Name/Mortgage Holder			Phone			
	Reason for leaving						
27							
28	Current Employer	Em	ployed as			How	Long?
29	Address		City		State		Zip
30	Phone	Fax	· 				
31	Salary \$ Per/Mo	Sup	ervisor				
32	Other Income Source		Amount \$				
33	If less than 3 Years						
34	Prior Employer	Em	ployed as			How	Long?
35	Address		City		State		Zip
36	Phone	Fax	· · · · · · · · · · · · · · · · · · ·		•		
37	Salary \$ Per/Mo	Sup	ervisor				
	<u> </u>						
39	Monthly Obligations Total \$						
	Auto Insu	ırance	\$				
	Health Insurance \$ Child Sup		\$				
			\$,			
	Other \$ Credit Ca	ar u	\$				
44	ψ Other		Ψ				
	How long will Applicant live here? Does anyone	in the l	nousehold smo	ke? D Vec D	No		
46	now long will Applicant live liere: boes anyone	in the i	iouscholu silio	ke: 🗖 Tes 🗖	INU		
	Annicant Emarganay Contact Nama		Dolotic	nchin			
47	Applicant Emergency Contact Name		Relatio	Dhana			
40	Cell Phone		work	Phone			
49	Other Phone		C:t		04-4-		7:
50	Address		City		state		ZIP
	Property Address:						
Doo	Applicant Initials C	,	, ,	1			D0.1000.
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CO-APPLICANT



1 Co-Applicant Name	Birth Date	
2 Social Security Number	Drivers License	State
	Cell Phone	
	Email	
5	C'.	G
6 Current Address:	City	State Zip
7 U Owned U Rent Payment \$	How Long?	<u> </u>
8 Landlord Name/Mortgage Holder	Phone	
9 Reason for leaving:		
0 If less than 3 Years	G!:	G
Prior Address	City	State Z ₁ p
12 U Owned U Rent Payment \$	How Long?	<u> </u>
13 Landlord Name/Mortgage Holder	Phone	
14 Reason for leaving		
15		
6 Current Employer	Employed as	How Long?
	City	
18 Phone	Fax	
19 Salary \$ Per/Mo	Supervisor	
20 Other Income Source	Amount \$	
21 <u>If less than 3 Years</u>		
22 Prior Employer	Employed as City	How Long?
23 Address	City	State Zip
24 Phone	Fax	
25 Salary \$ Per/Mo	FaxSupervisor	
26		
27 Monthly Obligations Total \$ _		
28 Auto Loan \$	Auto Insurance \$	
29 Health Insurance \$	Child Support \$	
30 Credit Card \$	Credit Card \$	
31 Other \$	Credit Card \$ Other \$	
32		
33 How long will Applicant live here?	Does anyone in the household smoke? □ Yes □	l No
34	•	
35 Co-Applicant Emergency Contact Name	Relationship	
	Work Phone	
37 Other Phone		
38 Address	City	State Zip

Property Address:		

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GENERAL QUESTIONNAIRE



Please explain why you a	re moving from your cu	arrent location?		
Has any Applicant ever h	ad recurring problems v	with current apartment or land	dlord? Yes No If ye	s, please explain:
Has any Applicant ever b	een served a late rent no	otice? Yes No If yes,	please explain:	
Has any Applicant ever v	villfully refused to pay r	rent when due? Yes No	o If yes, please explain:	
Has any Applicant ever b	een evicted? Yes	No If yes, please explain:		
Has any Applicant ever f	iled bankruptcy? Ye	s • No If yes, please explain	n:	
Has any Applicant been a	party to a lawsuit?	Yes ☐ No If yes, please exp	plain:	
Has any applicant or occ	upant ever been convict	ed of a gross misdemeanor of	r felony? Yes No In	f yes, please expla
-			60 1 2 D W 5	2 27 70 1
* **	pant required to registe	er or has been convicted as a	a sex offender? \square Yes \square	■ No If yes, ple
explain: credit ch	eck and a criminal had	ckground check. Is there an	ything negative we will fi	nd that you want
· _		•		ind that you want
Does any Applicant plan	to use liquid filled furni	iture? Yes No Furnitu	ire type	
Do you have Pets? Ye	es 🗖 No 💮 If Ye	es, type of pet:		
Contact Licensee for Pet	Application.			
In addition to Applicant(s	_	_		
Name:	Age	Relationship	Occupation Occupation	
Name:		Relationship	Occupation	
Name:	Age	Relationship	Occupation	
Name:	Age	Relationship	Occupation	
Vehicles				
Make	Model	Color	License #	State
Make	Model _	Color		
Make	Model _	Color	License #	State
Make	Model	Color	License #	State
Property Address:				<u>.</u>
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VERIFICATION OF EMPLOYMENT



	EMPLOYER CONTACT INFORMATION	
2	Applicant Name:	
4	Tapparent Tunio.	-
	Company Name: A	ddress:
6 7	Supervisor: F	mail:
8	Supervisor	
9	Phone Number: F	ax Number:
)	A	
2	Applicant authorizes verification of employment.	
	Applicant Signature:	Date :
1		
5		
7	EMDI OVED ONI	Y BELOW THIS LINE
, 3 [EWIFLOTER ONL	I BELOW THIS LINE
	To Whom it May Concern:	
	One of your employees (named above) has applied	to rent one of our properties. Please verify the following
	information below. See authorization attached.	
2	Data of Familians at	
	Date of Employment Hired Date: Term	nation Date:
l	Employee is paid: Hourly \$ Salary	nation Date:
l	Hours per week:	Ψ
١	Frequency: Weekly Bi-Weekly Monthly	
l		
l	Supervisor Signature:	Date:
١		
l	Please return complete form to:	
l	Managing Brokerage: SIGUA PROPERTY MANAGEME	
	Phone: 775–786–7778	
	Address: 480 S. WELLS AVENUE Email: siguabusiness@yahoo.com	City State Zip: RENO NV 89502
- 1		

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VERIFICATION OF RENTAL HISTORY



1	Applicant Name:				
2	Name of Landlord/Property Manager:				
3	Previous/Current Rental Address:				
4	Management Phone Number:				
5	Management Fax Number:				
6					
7	Applicant authorizes verification of rental history.				
8	· ·				
9	Applicant Signature: Date :				
10					
11					
12	LANDLORD ONLY BELOW THIS LINE				
13					
14					
15	To Whom it May Concern:				
16	One of your tenants (named above) has applied to rent one of our properties. Please verify the following				
17	information below. See authorization attached.				
18					
19	Tenant Occupied the above property from to				
20	Any late rent payments? \(\bar{\text{\text{No}}} \) No \(\bar{\text{\text{Yes}}} \) If yes, how many?				
21	Any NSF? □ No □ Yes If yes, how many?				
22	Deposit refunded?				
23	Was proper notice to vacate given? ☐ No ☐ Yes Comments:				
24					
25	Condition property left in: ☐ Excellent ☐ Good ☐ Fair ☐ Poor Comments:				
26					
27	Did the tenant have any pets? ☐ No ☐ Yes What kind?				
28	Would you rent to the Tenant again? ☐ No ☐ Yes				
29	Other comments:				
30					
31					
32					
33	Landlord/Manager Signature: Date:				
34					
35					
36					
37					
38	Please return complete form to:				
39	Managing Brokerage: SIGUA PROPERTY MANAGEMENT Managing Licensee PM.0162363.BKR				
40	Phone: 775–786–7778 Fax: 888–618–1758				
41	Address: 480 S. WELLS AVENUE City State Zip: RENO NV 89502				
42	Email: siguabusiness@yahoo.com				
	Property Address:				
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APPLICANT AGREEMENT AND AUTHORIZATION



- 1 A. Applicant declares that the information provided is true and accurate. Applicant authorizes verification of employment, 2 criminal records, credit, verification of references and current and previous landlords.
- 3 B. Applicant understands and acknowledges, that a false statement made on this application are grounds for denial of 4 rental to Applicant. Any statement on this application may be construed as a condition precedent to any binding rental 5 agreement or contract between Applicant and landlord.
- 6 C. Applicant hereby releases landlord, Licensee and this brokerage from any and all damages or liabilities which might 7 result from the above information. Applicant releases present landlord and all previous landlords from liability for any damage or injury caused by providing information to landlord or Licensee regarding Applicant. 8
- 9 D. Landlord and Licensee will not be bound by any representations, agreements or promises, written or oral, made by 10 landlord or Licensee unless contained in the Rental Agreement signed by landlord or landlord's Licensee.
- 11 Applicant understands that Applicant acquires no rights to premises until execution of a Rental Agreement and deposit

12		of rent and security deposit.	
13	F.	Applicant understand that	is the leasing Licensee and representative for the
14		landlord of the premises located at	
15 16	G.	Applicant agrees to execute a Rental Agreement withinApplication.	_ business days after being notified of acceptance of this
17			
18	I und	erstand that any discrepancy or lack of information may result	in the rejection of this application and that this is an ap-
19	plicat	ion for an apartment/home and does not constitute a rental or le	ase agreement in whole or part.
20	•	•	
21	APPL	JCANT	DATE
22			
23	CO-A	APPLICANT	DATE
24			

25 CO-APPLICANT DATE

27 CO-APPLICANT _____ DATE

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