

RESIDENTIAL RENTAL APPLICATION

Landlord

Landlord Name: Gary J. Duarte & Ellen M. Duarte

Address: 336 Greenbrae Dr., Sparks, NV 89431

Phone: 775 224-2089 cell 775 225-6898

Rental Property Information

Rental Property Address: 336 Greenbrae Dr. Sparks, NV

Application to rent **Studio Roommate Apartment**

Anticipated Possession Date: _____

The term of the tenancy will be _____

The monthly rent will be **\$900.00**

The initial security deposit will be **\$600**

Applicants' Personal Information

Applicant's Name: _____

Home Phone: _____ Alternative Phone/Cell: _____

Email Address: _____ Date of Birth: _____

Applicant's Social Security Number: _____

Second Applicant's Name: N/A _____

Second Applicant's Date of Birth: _____

Second Applicant's Social Security Number: _____

Third Applicant's Name: N/A _____

Third Applicant's Date of Birth: _____

Third Applicant's Social Security Number: _____

Dependants Name(s): _____ Date(s) of Birth _____

Do you have a pet? _____

Please describe type(s) of pet(s): _____

Residential History

Current Address: _____

City: _____ State: _____

ZIP Code: _____ How long at this address? _____

Landlord / Lessor: _____ Phone: _____

Previous Address 1: _____
City: _____ State: _____
ZIP Code: _____ How long at this address? _____
Landlord / Lessor: _____ Phone: _____

Previous Address 2: _____
City: _____ State: _____
ZIP Code: _____ How long at this address? _____
Landlord / Lessor: _____ Phone: () _____

Details of Employment

Employer: . _____
Position: _____ Date Hired: _____
Supervisor's Name: _____ Phone: _____
Salary: _____

(If employed less than one year with present employer, please provide previous employer.)

Previous Employer: _____
Position: _____ Date Hired: _____
Supervisor's Name: _____ Phone: _____
Salary: _____

Other Sources of Income

Do you receive income from any of the following sources? _____
Student Loans _____ Pension Benefits _____ Social Assistance _____ Other / Unemployment _____ WK
Please provide contact persons who could verify the amount of income you receive:

Vehicle Information

Make / Model: N/A _____ Year: _____
License Plate Number: _____ Driver's License Number: _____

Make / Model: _____ Year: _____
License Plate Number: _____ Driver's License Number: _____

Make / Model: _____ Year: _____
License Plate Number: _____ Driver's License Number: _____

Banking Information

Banking Institution: _____

Address: _____

Phone: () _____

(If you bank with more than one institution, please list second bank below)

Banking Institution: _____

Address: _____

Phone: () _____

References

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact

Name: _____

Relationship: _____ Phone: _____

Criminal & Credit Background Check Authorization

Is there anything negative that we may find in our criminal or credit background check that you want to comment on? Convicted of a felony 2006, 3 years N.D.O.C.

I declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to: (a) contact my references and all other persons that I have named in this application; and (b) perform a credit and/or criminal check to assess my suitability as a tenant/lessee.

Applicant's Signature _____ Date _____