

RENTAL APPLICATION



	deral Fair Housing Act, Nevada Fair Housing Law and principles of ninate on the basis of race, religious creed, color, national origin, sion, ancestry, familial status or sex.
4	
5 APPLICANTS The application fee is \$ 6 Fee must be paid by □ cash, □ cashier's check □ mon	per
	ust be paid by the applicant in advance. Fees are non-refundable, and
8 must be paid separately from any security deposits or pe	et fees.
9	
10 CREDIT CRITERIA, PROOF OF INCOME AND II	DENTIFICATION Please attach the following to upon making
1 application:	
2 d Copies of last two (2) most recent paycheck stubs.	
3 • Copy of last year's income tax return	
14 Copies of last three (3) months bank statements	
15 Proof of Other Income (SIIS, child support, etc.)	
16 ☐ Copy of driver's license, military ID or state ID	
17 • Other	
18 Other	
19 • Other	
20 • Other	
21	
	ease submit Rental Application, processing fees, credit criteria, proof
23 of income and identification to <u>info@fountainrealt</u>	y.net
24 Incomplete Rental Applications will not be processed.	
25	
28	
29	
30	
31	- I D A LA Distinguished
	s. For questions or concerns regarding the Rental Application please
33 contact the Licensee below.	
34	
35 Managing Brokerage Fountain Realty	Managing Licensee Tom L. Fountain
36	
37 Address 1437 C Street	Contact Phone: (775) 825-8844
38	T
39 City, State, Zip: Sparks NV 89431	Email Address: info@fountainrealty.net
Property Address:	•
A CONTROL WAS A STATE	
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APPLICANT



Applicant hereby makes this request to rent th	e ronowing property under t	ne ronowing term		
Requested Move In Date:				
Property Address	City		State	Zip
Property Address (Non-Refundable) Application Fee \$	Rent \$	Security De	posit \$	
(Non-Refundable) Processing Fee \$	Key Fee \$	Pet Deposit	\$	
Cleaning Fee \$ Other \$				
Evidenced by: Cash Check Cashier	rs Check Money Order			
Applicant Name	Birth Date			
Applicant NameSocial Security Number	Drivers License		State	
Home Phone	Cell Phone			
Work Phone	Email			
Current Address:	City		State	Zip
☐ Owned ☐ Rent Payment \$	How Lo	ong?		
Landlord Name/Mortgage Holder		Phone		
Reason for leaving:				
If less than 3 Years				
Prior Address	City		State	Zip
☐ Owned ☐ Rent Payment \$	How Lo	ong?		
Landlord Name/Mortgage Holder		Phone		
Reason for leaving		-		
Current Employer	Employed as	3	H	ow Long?
Address	City		State	Zip
Phone	Fax			
Salary \$ Per/Mo	Supervisor			
Other Income Source	Amount	\$		
If less than 3 Years				
Prior Employer	Employed a	S	Н	ow Long?
Address	City		State	Zip
Phone	Fax			•
Phone	Supervisor			
Salary \$\pi \text{Tel/Hio}	Super-riser_			
Monthly Obligations Total \$ _				
	Auto Insurance \$			
Health Insurance \$				
Credit Card \$ Other \$				
Other \$	Ψ			
How long will Applicant live here?	Does anyone in the household	d smoke? Ves	□ No	
	Joes anyone in the nousenon	a billoke. — Tes	_ 1,0	
Applicant Emergency Contact Name	T.	Relationship		
Cell Phone		Vork Phone		
Other Phone				
Other PhoneAddress	City		State	Zip
Address	City			~-r
Property Address:				

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CO-APPLICANT



1 Co-Applicant Name	Birth Date		
2 Social Security Number	Drivers License	S1	tate
3 Home Phone	Cell Phone		
4 Work Phone	Email		
5			
6 Current Address:	City	State	Zip
7 U Owned U Rent Payment \$	How Long?		
8 Landlord Name/Mortgage Holder	Phone		
9 Reason for leaving:			
0 If less than 3 Years			
1 Prior Address	City	State	Zip
2 □ Owned □ Rent Payment \$	City How Long?	_	
3 Landlord Name/Mortgage Holder	Phone		
4 Reason for leaving			
5			
6 Current Employer	Employed as		How Long?
7 Address	City	_ State	Zip
8 Phone	Fax		
9 Salary \$ Per/Mo	Supervisor		
	Amount \$		_
1 If less than 3 Years			
2 Prior Employer	Employed as		How Long?
3 Address	Employed as City	_ State	Zip
4 Phone	Fax		
5 Salary \$ Per/Mo	Supervisor		
6			
7 Monthly Obligations Total \$ _			
8 Auto Loan \$ 9 Health Insurance \$	Auto Insurance \$		
9 Health Insurance \$	Child Support \$		
0 Credit Card \$	Credit Card \$ Other \$		
1 Other \$	Other \$		
2		NT.	
	Does anyone in the household smoke? \square Yes \square	No	
4	D 1 (1 - 11		
5 Co-Applicant Emergency Contact Name	Relationship		
6 Cell Phone	Work Phone		
7 Other Phone		Ct	7:
8 Address	City	_ State	Zip

D				
Property Address:				

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GENERAL QUESTIONNAIRE



1 2 3	How did you hear about this property?					
4 Has any Applicant ever had recurring problems with current apartment or landlord? Yes No If yes, please exp						ease explain:
	Has any Applicant ever been served					
11						
12 13 14	Has any Applicant ever been evicted					
15 16 17	Has any Applicant ever filed bankrup					
18 19 20	Has any Applicant been a party to a	lawsuit? Ye	es 🗖 No If yes, 1	olease explain:		
21 22 23	Has any applicant or occupant ever	been convicted	of a gross misde	meanor or felony?	Yes No If yes	, please explain:
27 28	We may run a credit check and a comment on?					
22	Does any Applicant plan to use liqui	d filled furnitu	re? 🗆 Yes 🗅 N	o Furniture type		
33 34 35	Do you have Pets? ☐ Yes ☐ No Contact Licensee for Pet Application	If Yes,	type of pet:			
	In addition to Applicant(s), other per	rsons to be at p	remises:			
37	Name:	Age	Relationship		Occupation	
38	Name:	Age	Relationship		Occupation	
39	Name:	Age	Relationship			
		Age	The same of the sa	= , %:	Occupation	
41				V.		
	Vehicles					
	Make	Model	Co	lor	License #	State
44	Make	Model	Co	or	License #	State
45	Make	Model	Co	lor	License #	State
46	Make	Model	Co	lor	License #	State
	Property Address:					·
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APPLICANT AGREEMENT AND AUTHORIZATION



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 rental to Applicant. Any statement on this application may be construed as a condition precedent to any binding rental 4

agreement or contract between Applicant and landlord. C. Applicant hereby releases landlord, Licensee and this brokerage from any and all damages or liabilities which might result from the above information. Applicant releases present landlord and all previous landlords from liability for any

7 8 damage or injury caused by providing information to landlord or Licensee regarding Applicant.

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 of rent and security deposit.

F. Applicant understand that Fountain Realty is the leasing Licensee and representative for the landlord of the premises located at G. Applicant agrees to execute a Rental Agreement within business days after being notified of acceptance of this

Application.

18	I understand that any discrepancy or lack of information may result in the rejection of this application and that this is an ap-
19	plication for an apartment/home and does not constitute a rental or lease agreement in whole or part.
20	

ZI APPLICANI	DATE
22	
23 CO-APPLICANT	DATE
24	
25 CO-APPLICANT	DATE
26	
27 CO-APPLICANT	DATE



APPLICATION FOR PET APPROVAL



1	This is an application between(TENANT)
	and Fountain Realty (MANAGING AGENT) to have a pet
	at the Property located at
4	
5	
6	Tenant requests approval to keep the pet(s) described below at the Property.
7	
8	Number of Dogs Cats Other
9	If "Other" please explain
11	
12	Pet Identification Name Age Breed Weight Spayed/Neutered License #
13	□Cat □Dog □Male □Female □ □Yes □No □
14	□Cat □Dog □Male □Female □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
15	□Cat □Dog □Male □Female □Yes □No
16	□Cat □Dog □Male □Female □Yes □No
17	
18	Tenant certifies pet(s) are in good health. Tenant to provide the following documentation to Management:
	☑ A certificate of health/vaccination from a licensed veterinarian.
	☑ A photo of each pet.
21	The state of the s
22	Has there ever been complaint(s) filed against your pet by any authority for excessive barking, biting and/or
	aggressive behavior? □No □Yes If yes, please explain:
24	
25 26	1. Tenant agrees to keep pets on a leash when not in a fenced backyard.
27	2. Tenant agrees to clean up all waste on the Property as well as in any common areas on a regular basis.
28	3. Tenant agrees to abide by all rules, regulations and CC&R's with respect to pet ownership if Property is
29	located in a Common Interest Community.
30	4. Tenant acknowledges and understand that the representations herein are considered to be material provisions
31	of the Residential Lease Agreement.
32	of the Residential Lease Esperantial
	Dated
55	Duted
34	Tenant
35	Tenant
36	Tenant
38	Tenant
39	
40	Response
	Managing Agent, having reviewed this Application of Pet Approval submitted by Tenant(s),
	☐ approves Tenants Application.
	OR
	☐ rejects Tenants Application.
45	Managing Agent: Dated:
	Fountain Realty