RENTAL APPLICATION

1 FAIR HOUSING   Nevada strictly abides by the Federal Fair Housing Act, Nevada Fair Housing Law and principles of
equal opportunity. It is strictly prohibited to discriminate on the basis of race, religious creed, color, national origin,
disability, sexual orientation, gender identity or expression, ancestry, familial status or sex.

2 APPLICANTS    The application fee is $ ______________ per ______________.
3 Fee must be paid by ☐ cash, ☐ cashier’s check ☐ money order ☐ debit/credit card.
4 Any fee charged by employer to verify employment must be paid by the applicant in advance. Fees are non-refundable, and
5 must be paid separately from any security deposits or pet fees.

6 CREDIT CRITERIA, PROOF OF INCOME AND IDENTIFICATION    Please attach the following to upon making
7 application:
8 ☐ Copies of last two (2) most recent paycheck stubs.
9 ☐ Copy of last year’s income tax return
10 ☐ Copies of last three (3) months bank statements
11 ☐ Proof of Other Income (SIIS, child support, etc.)
12 ☐ Copy of driver’s license, military ID or state ID
13 ☐ Other ________________________________
14 ☐ Other ________________________________
15 ☐ Other ________________________________
16 ☐ Other ________________________________

17 WHEN YOUR APPLICATION IS COMPLETE    Please submit Rental Application, processing fees, credit criteria, proof
18 of income and identification to ____________________________.
19 Incomplete Rental Applications will not be processed.

20 Additional Information Requested: ____________________________________________________________
21 ____________________________________________________________
22 ____________________________________________________________
23 ____________________________________________________________
24 ____________________________________________________________
25 Please allow ________ days to process applications. For questions or concerns regarding the Rental Application please
26 contact the Licensee below.

27 Managing Brokerage    Fountain Realty          Managing Licensee    Tom L. Fountain
28 Address    1437 C Street          Contact Phone:    (775) 825-8844
29 City, State, Zip:    Sparks    NV    89431          Email Address:    fountainrealty@hotmail.com

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and produced using Instanet Solutions' Instanet Forms service.
1. Application will not be accepted if received without being initialed and signed by applicant. Please use additional applications if more than two persons are applying.

2. Applicant hereby makes this request to rent the following property under the following terms and conditions:

3. Requested Move In Date: ____________________

4. Property Address: ____________________ City: ______________ State: _______ Zip: _______

5. (Non-Refundable) Application Fee $ _______ Rent $ _______ Security Deposit $ _______

6. (Non-Refundable) Processing Fee $ _______ Key Fee $ _______ Pet Deposit $ _______

7. Cleaning Fee $ _______ Other $ _______

8. Evidenced by: ☐ Cash ☐ Check ☐ Cashiers Check ☐ Money Order

9. Applicant Name: ____________________ Birth Date: ______________

10. Social Security Number: ______________ Drivers License: ______________ State: _______

11. Home Phone: ____________________ Cell Phone: ____________________

12. Work Phone: ____________________ Email: ____________________


14. ☐ Owned ☐ Rent Payment $ _______ How Long? ______________

15. Landlord Name/Mortgage Holder: ____________________ Phone: ____________________

16. Reason for leaving: ______________

17. If less than 3 Years: ____________________

18. Prior Address: ____________________ City: ______________ State: _______ Zip: _______

19. ☐ Owned ☐ Rent Payment $ _______ How Long? ______________

20. Landlord Name/Mortgage Holder: ____________________ Phone: ____________________

21. Reason for leaving: ______________

22. If less than 3 Years: ____________________


25. Phone: ____________________ Fax: ____________________

26. Salary $ _______ Per/Mo: ______________ Supervisor: ______________

27. Other Income Source: ______________ Amount $ _______

28. If less than 3 Years: ____________________


30. Address: ____________________ City: ______________ State: _______ Zip: _______

31. Phone: ____________________ Fax: ____________________

32. Salary $ _______ Per/Mo: ______________ Supervisor: ______________

33. Monthly Obligations Total $ ___________

34. Auto Loan $ _______ Auto Insurance $ _______

35. Health Insurance $ _______ Child Support $ _______

36. Credit Card $ _______ Credit Card $ _______

37. Other $ _______ Other $ _______

38. How long will Applicant live here? _______ Does anyone in the household smoke? ☐ Yes ☐ No

39. Applicant Emergency Contact Name: ____________________ Relationship: ______________

40. Cell Phone: ____________________ Work Phone: ____________________

41. Other Phone: ____________________

42. Address: ____________________ City: ______________ State: _______ Zip: _______

Property Address: ____________________. 

Page 2 of 7 Applicant Initials [_______/_______/_______/_______] 

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<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tr>
<td>Co-Applicant Name</td>
<td></td>
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<tr>
<td>Social Security Number</td>
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</tr>
<tr>
<td>Drivers License</td>
<td>State</td>
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<tr>
<td>Home Phone</td>
<td>Work Phone</td>
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<tr>
<td>Cell Phone</td>
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<td>City</td>
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<tr>
<td>Owner/Rent Payment $</td>
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GENERAL QUESTIONNAIRE

1. How did you hear about this property?
2. Please explain why you are moving from your current location?
3. Has any Applicant ever had recurring problems with current apartment or landlord?  Yes  No  If yes, please explain:
4. Has any Applicant ever been served a late rent notice?  Yes  No  If yes, please explain:
5. Has any Applicant ever willfully refused to pay rent when due?  Yes  No  If yes, please explain:
6. Has any Applicant ever filed bankruptcy?  Yes  No  If yes, please explain:
7. Has any Applicant ever been a party to a lawsuit?  Yes  No  If yes, please explain:
8. Has any applicant or occupant ever been convicted of a gross misdemeanor or felony?  Yes  No  If yes, please explain:
9. Is any applicant or occupant required to register or has been convicted as a sex offender?  Yes  No  If yes, please explain:
10. We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?
11. Does any Applicant plan to use liquid filled furniture?  Yes  No  Furniture type __________________________
12. Do you have Pets?  Yes  No  If Yes, type of pet: __________________________
13. Contact Licensee for Pet Application.
14. In addition to Applicant(s), other persons to be at premises:
   Name:        Age   Relationship   Occupation
   Name:        Age   Relationship   Occupation
   Name:        Age   Relationship   Occupation
   Name:        Age   Relationship   Occupation
15. Vehicles
   Make        Model        Color        License #        State
   Make        Model        Color        License #        State
   Make        Model        Color        License #        State
   Make        Model        Color        License #        State

Property Address: ____________________________________________________________

 Applicant Initials [________ / ________ / ________ / ________]

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VERIFICATION OF EMPLOYMENT

EMPLOYER CONTACT INFORMATION

Applicant Name: ________________________________

Company Name: ______________________________ Address: ______________________________

Supervisor: ______________________________ Email: ______________________________

Phone Number: ______________________________ Fax Number: ______________________________

Applicant authorizes verification of employment.

Applicant Signature: ______________________________ Date: ______________________________

EMPLOYER ONLY 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.

Date of Employment
Hired Date: ______________________________ Termination Date: ______________________________

Employee is paid: Hourly $ __________________ Salary $ __________________

Hours per week:
Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Supervisor Signature: ______________________________ Date: ______________________________

Please return complete form to:
Managing Brokerage: Fountain Realty Managing Licensee Tom L. Fountain

Phone: __________________________ Fax: __________________________

Address: 1437 C Street City State Zip: Sparks NV 89431

Email: fountainrealty@hotmail.com

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VERIFICATION OF RENTAL HISTORY

Applicant Name: 
Name of Landlord/Property Manager: ................................................................. 
Previous/Current Rental Address: ...........................................................................
Management Phone Number: ..................................................................................
Management Fax Number: ......................................................................................

Applicant authorizes verification of rental history.

Applicant Signature: ____________________________ Date: ________________________

LANDLORD ONLY BELOW THIS LINE

To Whom it May Concern:
One of your tenants (named above) has applied to rent one of our properties. Please verify the following information below. See authorization attached.

Tenant Occupied the above property from _____________ to ________________
Any late rent payments? □ No □ Yes If yes, how many? _________________________
Any NSF? □ No □ Yes If yes, how many? ___________________________________
Deposit refunded? □ No □ Yes Comments: ___________________________________
Was proper notice to vacate given? □ No □ Yes Comments: _______________________
Condition property left in: □ Excellent □ Good □ Fair □ Poor Comments: __________
Did the tenant have any pets? □ No □ Yes What kind? __________________________
Would you rent to the Tenant again? □ No □ Yes ________________________________
Other comments: ___________________________________________________________

Landlord/Manager Signature: ________________________ Date: ______________________

Please return complete form to:
Managing Brokerage: Fountain Realty Managing Licensee Tom L. Fountain
Phone: ______________________ Fax: ______________________
Address: 1437 C Street City State Zip: Sparks NV 89431
Email: fountainrealty@hotmail.com

Property Address: ______________________________________________________________

Applicant Initials [________ / _______ / _______ / _______]

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A. Applicant declares that the information provided is true and accurate. Applicant authorizes verification of employment, criminal records, credit, verification of references and current and previous landlords.

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

D. Landlord and Licensee will not be bound by any representations, agreements or promises, written or oral, made by landlord or Licensee unless contained in the Rental Agreement signed by landlord or landlord’s Licensee.

E. 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 _________________________ 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.

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

APPLICANT ___________________________ DATE ________________

CO-APPLICANT _________________________ DATE ________________

CO-APPLICANT _________________________ DATE ________________

CO-APPLICANT _________________________ DATE ________________

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