

APPLICATION PACKET

WE WILL NEED THE FOLLOWING ITEMS FROM YOU IN ORDER TO BEGIN PROCESSING YOUR APPLICATION

- COMPLETED APPLICATION
- SIGNED RENTAL HISTORY VERIFICATION
- COPY OF DRIVERS LICENSE OR ID
- o \$35 APPLICATION FEE CASHIER'S CHECK OR MONEY ORDER
- \$100 HOLDING DEPOSIT TO RESERVE AN APARTMENT –
 SEPARATE CASHIER'S CHECK OR MONEY ORDER

INCOME VERIFICATION (MINIMUM 2.5X THE RENT)

- o IF YOU ARE EMPLOYED:
 - SIGNED EMPLOYMENT VERIFICATION
 - LAST 4 CONSECUTIVE PAYSTUBS
- o IF YOU ARE STARTING A NEW JOB:
 - COPY OF YOUR OFFER LETTER STATING YOUR START DATE AND SALARY
- o IF YOU RECEIVE ALTERNATE INCOME:
 - LAST 6 MONTHS OF BANK STATEMENTS SHOWING A BALANCE AND/OR DEPOSITS AT LEAST 2.5X THE RENT
- o IF YOU ARE SELF EMPLOYED:
 - COPY OF YOUR MOST RECENT TAX RETURN







Rental Application

PERSONAL INFORMATION				(Pag	e 1 o	f 3)					
FIRST NAME		MIDDLE NAME					LAST NAME				
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS				ARS	EMAIL ADDRESS				
SOCIAL SECURITY NUMBER		DRIVER	S LICENSE AN	ND STATI	E ISSUI	ED	CELLULAR TELEPHONE #				
PRESENT ADDRESS							HOME TELEPHONE #				
CITY, STATE, ZIP											
PRESENT ADDRESS IS (CHECK ONE) Own Home Parents Home Rented Home Rented Apartment Student Housing Other											
IF RENTING: PRESENT LANDLORD OR APARTM	MENT COMMUNIT	TY: / IF OW	VNED: NAME O	F MORTO	GAGE (COMPANY	g				
ADDRESS OF PRESENT LANDLORD / APARTME	NT COMMUNITY	/ MORTG	AGE COMPAN	Y							
CITY	STATE				ZIP			TELEPHONE #			
MONTHLY PAYMENT	HOW LONG? T	TO / FROM	DATES		REA	SON FOR MOVING		l			
					l						
PREVIOUS ADDRESS (IF LESS THAN TWO YEA	RS AT PRESENT	ADDRESS)) TO/FROM D	DATES							
CITY	STATE				ZIP	ZIP TELEPH			IONE #		
PREVIOUS LANDLORD / APARTMENT COMMUN	NITY / MORTGAG	E COMPA	NY (IF LESS TI	HAN TWO	O YEAF	RS AT PRESENT ADDRESS)					
ADDRESS OF PREVIOUS LANDLORD / APARTM	ENT COMMUNIT	Y/ MORTO	GAGE COMPAN	ΝΥ							
CITY STATE					ZIP			TELEPHONE	Ε#		
MONTHLY PAYMENT HOW LONG? T			TO / FROM DATES REASON FOR MOVING								
	<u> </u>										
HAVE YOU LIVED IN AN RPM COMPANY COMB BEFORE? YES NO	WHICH ONE? (INCLUDE CITY)					WHEN?					
MOTOR VEHICLES (INCLUDE CARS, TRUCKS, M			YEAR	COLO	R	LICENSE PLATE #		ST	CATE		
2.											
3.											
LIST ALL OTHER PERSONS TO OCCUPY THE APARTMENT, INCLUDING BIRTH DATES (IF 18 YEARS OR OLDER, MUST COMPLETE SEPARATE APPLICATION AS AN APPLICANT)											
NAME			BIRTH DATE			ME .		BIRTH DATE			
NAME			BIRTH DATE			ME.		BIRTH DATE			
NAME			BIRTH DATE NAME			ИE	BIRTH DATE				
LIST PETS: (ACCEPTING OF PETS REQUIRES CONSENT FROM MANAGEMENT)											
BREED 1.		NAME					WEIGHT		AGE		
2.											



Rental Application

EMPLOYMENT INFORMATION			(Page 2 of 3	3)				
EMPLOYER							MONTHLY	GROSS INCOME
EMPLOYER ADDRESS								
CITY	STATE				TELEPHONE	Ξ#		
POSITION	TYPE OF WORK						HOW LONG	?
SUPERVISOR'S NAME AND POSITION							SUPERVISO	R'S TELEPHONE #
FORMER EMPLOYER (IF LESS THAN TWO YEARS AT CUR	RENT EMPLOYER)							
ADDRESS								
CITY	STATE				ZIP		TELEPHONE #	
OTHER SOURCE OF INCOME			WHEN RECEIVED	D			AMOUNT	
TOTAL MONTHLY INCOME		I						
BANK AND CREDIT REFERENCES								
NAME OF FINANCIAL INSTITUTION		Checking Savings			Loan ACCOUNT#			
ADDRESS								
CITY	ST	STATE ZIP		ZIP	TEL		ELEPHONE #	
CREDIT REFERENCE NAME		Credit	Card Lo	oan		ACCOUNT #		
ADDRESS								
CITY	ST	STATE ZII				TE	LEPHONE #	
PERSONAL REFERENCES						l .		
NAME OF NEAREST RELATIVE		RELATIONSHIP						
ADDRESS			I					
CITY	ST	STATE			ZIP TE		ELEPHONE #	
EMERGENCY CONTACT				RELATIONSHIP				
ADDRESS								
				-		,	V 500VV	
CITY	ST	ГАТЕ		ZIP		TE	LEPHONE #	
OTHER INFORMATION Do you or do any of your occupants have charges pending	g against you or aga	ainst them f	or any criminal o	ffense(s)?	Applicant \Begin{array}{ c c c c c c c c c c c c c c c c c c c	es □ No	Occupants Yes No
Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offence(s) Or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? Applicant Yes No Occupants Yes No								
If "Yes" to either of the above questions, give details and dates:								
Any litigation, such as; evictions, suits, judgments, bankruptcies, foreclosures, etc.?								



Rental Application

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PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information - Applicant represents that all of the above statements are true and correct. Applicant hereby authorize verification of all of the above information, references and credit records, and release from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete, or misleading information herein may constitute grounds for rejection of the application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of the State. Applicant agrees to the "Application Fees/Deposit Agreement" below.

I DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY. I acknowledge and agree that the Lease agreement contemplated may not be executed or that the owner, manager or agent of the apartment community may terminate such agreement without further notice if such agreement is executed based upon reliance upon any false or misleading statement made herein. Because damages would be difficult or impossible to ascertain, the reservation deposit in the amount shown below will be retained as liquidated damages upon confirmation of false information or if applicant fails to cancel or complete the Lease agreement on or before Lease Start Date. If applicant completes the rental agreement on or before this date the reservation deposit shall be held by RPM Company as part of their escrow deposit. If the applicant cancels the agreement within 72 hours of the acceptance date (see below) or if the applicant is not approved by RPM Company, the reservation deposit shall be returned within 30 days from the date of cancellation or non-approval.

APPLIC	ATIC	ON FEE/DEPOSIT AGREEMENT							
		n for Owner taking the dwelling unit off the market while considering approval of this Application, the following fees/deposits must be paid at the time n is submitted:							
Non-Ref	undab	le Admin Processing Fee (per applicant) \$ Reservation Deposit (per apartment) \$							
Amount 1	Paid	\$							
		GUIDELINES, STANDARDS AND QUALIFICATIONS							
RPM Co	mpany	and it's representatives will NOT discriminate against any person based on race, color, religion, sex, national origin, familial status or disability.							
Maximu	m Oc	cupancy Standard:							
	Two	o (2) persons per bedroom plus one (1) maximum occupancy (i.e. 2 bedroom = 5 persons, 2+2+1=5)							
Rental G	Guidel	ines:							
	1.	AGE REQUIREMENTS: Lease holder(s) must be 18 years or older. All occupants 18 years or older must complete an application.							
	2.	EMPLOYMENT HISTORY/VERIFICATION: Lease holder(s) must be on current job at least one full year or prior job must be minimum of one year and must provide one month of pay stubs for verification of income							
	3.	SELF-EMPLOYMENT: Lease holder(s) must provide copy of previous year's personal tax returns and copies of personal bank statements for the last 3 months.							
	4.	INCOME: Income must be at least <u>2.5x</u> the amount of the rental rate for the purposed apartment to occupy.							
	5.	RESIDENCY: Must provide 1 year of current verifiable rental history from a property management company, real estate company or mortgage company. Private owner accepted only if proof of payment can be furnished, i.e. canceled checks. NO Evictions.							
	6.	IDENTIFICATION: All applicants must provide proof of identification with a current/unexpired government issued photo identification (ex. State Driver's License, I.D. Card or Military I.D.) and social security card or equivalent, Section 8 Voucher or any other HUD Program information (if applicable) for copying.							
	7.	CREDIT REQUIREMENTS: Credit should be in good standing, with no outstanding judgments. Bankruptcies must be re-established for two years with strong employment and rental history. Bankruptcy must not include foreclosure on a home or prior apartment. A copy of your credit report is available to you upon request.							
	nal ba	and authorize Owner's agent to obtain a credit report and a criminal background report. I understand that any negative finding on my credit ackground reports, including any one felony conviction, or any two misdemeanor convictions, will not be acceptable for approval of my rental							
Applican	t	Date Accepted By Acceptance Date							



VERIFICATION OF RENTAL HISTORY

Date:/	
Community:	
Attn:	
Phone #: ()	
Fax #: ()	
From:(Agent for THE VIEW)	
Felephone #: (775) 323-2787 Fax #: (775) 323-4278	
Subject: Verification of Present/Former Resident	
Name:	
Address:	
hereby authorize the release of my rental history/information:	
Signature of Applicant Date	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~
INFORMATION BEING REQUESTED:	
I. Move-In Date:/ Move-Out Date:/_	/
2. Was a 30-Day Notice to Vacate submitted: YES / NO	
3. Rental Rate: \$	
4. Number of persons on the lease:	
5. # of late payments: # of returned checks (NSF):	_
6. Any Complaints: YES / NO	Pets: YES / NO
7. Would you re-rent to this person: YES / NO	_
8. Damages to Unit: YES / NO	
9. Comments:	
Completed by:	
Fitle: Date: / /	



### **VERIFICATION OF EMPLOYMENT**

Company:	Date	:/									
Fax: ( )	Com	pany:									
From:	Attn	:									
Subject: Verification of Present/Former employment information supplied by an applicant  Name:	Fax	:( )	_								
Subject: Verification of Present/Former employment information supplied by an applicant  Name:	Fron	ı:	(Agent for THE VIEW)								
Name:	Tele	phone #: (775) 323-2787 Fax	#: (775) 323-4278								
Name:											
Information Being Requested:	<u>Subj</u>	ect: Verification of Present/Fo	ormer employment informa	ation supplied by	an applicant						
Information Being Requested:    Employed since:	Nam	e:		SSN: X	XXX- XX						
Institution of the properties	Addı	ress:									
2. Base Pay Rate: \$											
2. Base Pay Rate: \$	1.	Employed since:/_		/	Current: [ ] YES	[ ] NO					
Salary: \$ (per month) Hourly rate: \$ Average hours worked per week: Average weeks worked per year: Date present rate effective:/ Next increase due://  3. Overtime Pay Rate: \$ Expected average number of overtime hours to be worked per week during the next 12 months:  4. Other Compensation (specify for commissions, bonuses, tips, etc.) For \$ Per For \$ Per  5. Total base pay earnings past 12 months \$ Total overtime earnings past 12 months \$  RELEASE: 1 hereby authorize the release of requested information. Information obtained under the consent is limited to information that is no older than 12 months. If there are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a		Occupation:									
Salary: \$ (per month) Hourly rate: \$ Average hours worked per week: Average weeks worked per year: Date present rate effective:/ Next increase due://  3. Overtime Pay Rate: \$ Expected average number of overtime hours to be worked per week during the next 12 months:  4. Other Compensation (specify for commissions, bonuses, tips, etc.) For \$ Per For \$ Per  5. Total base pay earnings past 12 months \$ Total overtime earnings past 12 months \$  RELEASE: 1 hereby authorize the release of requested information. Information obtained under the consent is limited to information that is no older than 12 months. If there are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a	2.	Base Pay Rate: \$									
Date present rate effective:/ Next increase due:/		·									
3. Overtime Pay Rate: \$ Expected average number of overtime hours to be worked per week during the next 12 months:  4. Other Compensation (specify for commissions, bonuses, tips, etc.)  For \$ Per  For \$ Per  5. Total base pay earnings past 12 months \$  Total overtime earnings past 12 months \$  Total other compensation past 12 months \$  **RELEASE: I hereby authorize the release of requested information. Information obtained under the consent is limited to information that is no older than 12 months. If there are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a		Average hours worked per w									
Expected average number of overtime hours to be worked per week during the next 12 months:		Date present rate effective: _	/	Next increase du	e://_						
Expected average number of overtime hours to be worked per week during the next 12 months:	3	Overtime Pay Rate: \$									
<ul> <li>4. Other Compensation (specify for commissions, bonuses, tips, etc.)  For\$ Per</li></ul>	٥.	•		d per week during	the next 12 months:						
For\$Per  For\$Per  5. Total base pay earnings past 12 months \$  Total overtime earnings past 12 months \$  Total other compensation past 12 months \$  RELEASE: I hereby authorize the release of requested information. Information obtained under the consent is limited to information that is no older than 12 months. If there are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a	4			_	_						
For\$ Per	4.	•	_								
Total overtime earnings past 12 months \$  Total other compensation past 12 months \$  RELEASE: I hereby authorize the release of requested information. Information obtained under the consent is limited to information that is no older than 12 months. If there are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a						<del></del>					
Total overtime earnings past 12 months \$  Total other compensation past 12 months \$  RELEASE: I hereby authorize the release of requested information. Information obtained under the consent is limited to information that is no older than 12 months. If there are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a	5	Total base pay cornings post	12 months \$								
Total other compensation past 12 months \$	5.										
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	mont	hs. If there are circumstances which	n would require the owner to ver								
SIGNATURE DATE	SIGN	JATURE		DATE							