

## **APPLICATION TO LEASE**

The following must be completed in its entirety and verified For Office Use Only roperty Name prior to consideration for occupancy. Silver Palms #699 Apt. # Apt. Type **PLEASE PRINT** Move-in Date: Rent: PERSONAL INFORMATION LAST NAME FIRST NAME MIDDLE NAME Drivers License # & State Social Security Number Are you over 18? Current Phone # Cell phone # E-mail address Names of others 18 years or older who will occupy apartment: Names of others under 18 years of age who will occupy apartment: (1 year of history) RESIDENTIAL HISTORY Current address (Number, Street, City, Zip) If apartment, name of complex Dates of Residency Rent Own House Apartment Room To whom do you make payments? Monthly payment \$ Address Phone # ( ) City State Zip Previous address (Number, Street, City, Zip) If apartment, name of complex Dates of Residency Rent Own House Apartment Room To whom did you make payments? Monthly payment \$ Address Phone # ( ) City State Zip (1 year of history) EMPLOYMENT/INCOME Current Employer Self Employed Dates of Employment From: Address Го: City State Zip Phone # ( ) Type of business Position Income Annually Monthly Previous Employer Self Employed Dates of Employment From: Address To: State Zip City ) Phone # ( Type of business Position Annually Monthly Other verifiable income (if needed to qualify)



ted in this application is corulare authorized to check meet, Locate (IDL) Program provided to the LVMPD.  Thereby agree to release are ceedings and costs including release of this information my assets, income and final date of this application. If a period of my tenancy.  Thereby agree to release are ceedings and costs including release of this information my assets, income and final date of this application. If a period of my tenancy.  Thereby agree to release are ceedings and costs including release of this information my assets, income and final period of my tenancy.  Thereby agree to release are ceedings and costs including release of this information my assets, income and final period of my tenancy.	nd hold harmless Anza Maning attorney's fees arising out to other parties. All of the abordial condition is warranted to also covenant and agree to nees, NRS 1794.1001, the Aparteof) about any prospective Reflecting a conviction any recotion is to be used by the Aparte complexes or management of the transfer of the prospective Resident to utinely get the criminal information release is a condition of your	t of either the verification of either the verification of the true and accurate a notify you of any change of the true and accurate a notify you of any change of the true that the true true that the true true true that the true true true true true true true tru	on of the inform set forth her and to fully and the status or Management or Management of the are not recomed a police a resident at this and the status of	mation contained of the including, but not do correctly state my us of any of the aformation of the aformation of the aformation of the agency of critical and agency of the agency in order to the including the latest agency in order to	on this application form of limited to the statement in financial conditions as the prementioned items during the equest records of criminal justice without a trently with the system not to be disseminated by to get a release, but protect our residents a	
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	re purpose of procuring rental rect to the best of my knowled my credit, employment, resider with the Las Vegas Metropole.	dge. I understand that y nt and criminal history.	ou will retain I understand	this application whe that this property p	ether or not it is approve articipates in the "Ident	
PARKING OF RECREATION VEH IS PROVIDED.	HICLES, BOATS, TRAILERS OR COM					
				License #		
	Make		Year	License #		
(va.is, ituoloj)	Make		Year	License #		
How many vehicles do you own? _ (cars, trucks)	Make		Year	License #		
VEHICLES						
					\$	
					\$ \$	
					\$	
					\$	
					\$	
Name	Address			Account Type	Amount	
CURRENT FINANCIAL OBLIGAT	TIONS (Please list ALL monthly payr	ments)		_		
Describe:  Describe:  Describe:  Describe:		County and State :	County and State :		What year?	
		County and State :		What year?		
		Describe:		County and State :		What
Have you ever had any suits, liens	s, judgments, evictions or repossession	ns?	l	Yes	No	
County and state where filed:	103			_		
Have you ever filed bankruptcy?	Yes No	If yes, when:	If yes,	date of discharge		
Officer Assets (if fleeded to quality)	Other Assets (if needed to qualify)				\$	
Other Assets (if needed to qualify)	Savings: Bank and branch			Acct. #		
	FINANCIAL Checking: Bank and branch					
			Acct. #		Balance \$	

