APPLICATION AND OFFER TO RENT/LEASE REAL PROPERTY

Managed by: Stout Management THE PROPERTY**:** APTS.

Agent: _____ Telephone: (_702)_____Fax :(702)_____

RESERVATION INFORMATION:

Address of Apartment/Unit:	Apt or Unit #	City:	Zip:

Rental Rate $_____per _____	Concessions Offered:	Intended Move In Date:	Length of Lease Term:	Marketing Source:

Instructions to Applicant:
Use **black ink**. Except for your signature, all information in this Application must be **PRINTED** in a clear and legible manner. One Application must be filled out **ENTIRELY** and **COMPLETELY** by each intended adult occupant. Each Applicant must show satisfactory identification to owner/manager at the time this application is submitted for processing.

APPLICANT'S PERSONAL DATA **(_____) _____** Home Phone **(_____) _____** Work Phone

E-MAIL ADDRESS, Applicant:_____Co-Applicant:_____

FULL NAME: FIRST-MIDDLE-LAST-	SOCIAL SECURITY	DRIVER LICENSE	STATE	BIRTH DATE
SPOUSE:				
ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:				

OTHER PERSONS TO OCCUPY THE PROPERTY

FULL NAME	RELATIONSHIP	D.O.B.	OCCUPATION

PREVIOUS ADDRESS HISTORY (List ALL residences for at least the past 2 years. START WITH PRESENT ADDRESS.)

STREET ADDRESS	CITY	STATE	ZIP	DATE IN	$ RENT/MO	LANDLORD NAME AND PHONE

EMPLOYMENT HISTORY (List ALL employers for the past 2 years. START WITH PRESENT EMPLOYER.)

COMPANY			POSITION OR OCCUPATION	START/END DATE	MONTHLY WAGE
NAME	ADDRESS	PHONE			

BANKING INFORMATION

BANK OR S&L NAME	BRANCH	PHONE	DATE OPENED	PRESENT BALANCE

NEAREST RELATIVE REFERENCES (NOT LIVING WITH YOU)

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

IN CASE OF EMERGENCY NOTIFY

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

Does your Emergency Contact Have PERMISSION to ENTER Apt.#_____,In the Event of an EMERGENCY: YES ☐ ___NO ☐ ___

AUTOMOBILES

MAKE	MODEL	YEAR	LICENSE NUMBER	INSURANCE CO.

ACTIVE CREDIT ACCOUNTS

CREDITOR	YEAR OPENED	CREDITOR	YEAR OPENED

	YES	NO
DO YOU INTEND TO INSTALL A SATELLITE DISH?	☐	☐
DO YOU HAVE OR INTEND TO HAVE WATER FILLED FURNITURE IN THE RENTAL UNIT?	☐	☐
HAS ANY CIVIL JUDGEMENT BEEN ENTERED AGAINST YOU FOR THE COLLECTION OF A DEBT IN THE PAST 10 YEARS?	☐	☐
DO YOU HAVE OR INTEND TO HAVE ANY PETS IN THE RENTAL UNIT? Type and Breed:	☐	☐
HAVE YOU FILED FOR BANKRUPTCY IN THE PAST 10 YEARS?	☐	☐
HAVE YOU EVER BEEN EVICTED OR REFUSED TO PAY RENT FOR ANY REASON?	☐	☐
HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR CONVICTED FOR A MISDEMEANOR?	☐	☐
IF ANY QUESTION ABOVE HAS BEEN ANSWERED "YES", PLEASE EXPLAIN:		

The undersigned Applicant hereby offers to rent/lease real property described as _____ APARTMENTS. It is understood that this Application is not a Rental Agreement/Lease and that Applicant has no rights to said property until a Rental Agreement/Lease is duly executed **after** the approval of this Application.

A non-refundable credit check fee of $_____ to process this Application and an Application Deposit of $_____ as earnest money will be given by Applicant to the owner/manager when this Application is turned in for processing.

The Application Deposit is fully refundable within thirty (30) days of receipt, if Applicant is rejected, or if written notice revoking this offer is received within 24 hours of receipt of deposit. Application Deposit will be forfeited if applicant revokes this offer after the initial 24-hour period.

Applicant represents all information in this Application to be true and accurate. Applicant hereby authorizes owner/manager and his/her/its employees and agents to verify said information and make independent investigations in person, by mail, phone, fax, or otherwise, to determine Applicant's rental, credit, financial and character standing. Applicant hereby releases owner/manager, his/her/its employees and agents and any and all other firms or persons investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information and further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless and without any liability whatsoever. A copy, fax, or other reproduction of this Authorization shall be as effective as the original.

NOTE: If this application is accepted, following are the initial move-in costs and are to be paid by cashiers check or money order **ONLY**. **NO PERSONAL CHECKS** are accepted at move-in. After move in, rent may be paid by personal check. Utilities must be put in resident's name prior to move-in. Bring verification at time of move-in.

Pro-rate Rent	$_____	Pet Rent	$_____
Additional Month Rent	$_____*	Application Fee	$_____
Utilities	$_____	Garage/Storage/Insurance	$_____
Pet Deposit (refundable)	$_____	Washer Dryer Rent	$_____
Security Deposit	$_____**	**Concessions off rent only**	$<_____>
KEY/Gate Deposit	$_____	TOTAL DUE	$ _____
Redecorating Fee (NR) (cleaning)	$_____	LESS; RECEIVED TODAY	$<_____>
Qualifying Fee	$_____	**TOTAL DUE AT MOVE-IN**	**$_____**

*(Charged if after the 25th of month) ** Extra deposit may be required depending on rental criteria (Revised 11-10-15)

_____ _____ _____
Dated Applicant's Signature Applicant's Name PRINTED

_____ _____ _____
Dated Applicant's Signature Applicant's Name PRINTED

_____ _____
Dated Agent

COPY OF RENTAL CRITERIA GIVEN TO APPLICANT: _____