

Contact Info: NHGAPT@GMAIL.COM

Office #: (702) 732-7508

Nottingham Gardens



Thank you for inquiring about our wonderful Apartment Homes, we have a wonderful selection of Apartment Homes for you to choose from, here is the criteria you must meet to call Nottingham Gardens Apartments Home.

All Applicant Must:

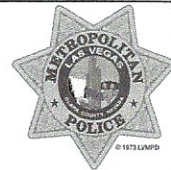
- All Applicant 18yrs of age must fill out a rental application.
- Application Fee: Pay a \$50.00 per applicant or \$75.00 for two applicants:
(Unless promotional offer)
- Have a State issued Photo ID
- Bring proof of Income (Pay Stubs, Government Assistance Letter, SSI Award Letter)
- Have no previous apartment or housing collection.
- NO PRIOR EVICTIONS
- Applicants monthly income (gross) must be over 2 1/2 times their rental amount.
- No Felonies or Felony convictions
- There is an additional \$100.00 administration fee for processing an application for adding a lease holder or occupant after move in for any person 18yrs of age or older.
- All applicants must meet criteria above and must be approved by management.

Nottingham Gardens Apartments Management and Staff would like to Thank You for inquiring about our wonderful Apartment community homes and look forward to your tenancy with us.

Nottingham Gardens Apartments & Town Homes.



CRIME FREE LEASE ADDENDUM



In consideration for the execution or renewal of a lease of the dwelling unit identified in the lease, Manager or Owner and Resident agree as follows:

Resident, any member(s) of the resident's household, a guest or any other person affiliated with the resident on or off the resident premises:

1. Shall not engage in criminal activity, including drug-related criminal activity, on or off the said premises. "Drug related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use an illegal or controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]).

Initials: _____

2. Shall not engage in any act intended to facilitate criminal activity.

Initials: _____

3. Will not permit the dwelling unit to be used for, or to facilitate criminal activity.

Initials: _____

4. Shall not engage in the unlawful manufacturing, selling, using, storing, keeping or giving of an illegal or controlled substance as defined in N.R.S.453.566 and N.R.S.453.321, at any locations, whether on or off the dwelling unit premises.

Initials: _____

5. Shall not engage in any illegal activity, including, but not limited to:
 - a: prostitution as defined in N.R.S. 201.295;
 - b: criminal street gang activity as defined in N.R.S. 193.168;
 - c: assault and battery as prohibited in N.R.S. 200.471, and N.R.S. 200.481, including domestic battery;
 - d: the unlawful discharge of a weapon, on or off the dwelling unit premises, as prohibited in N.R.S. Chapter 202; or
 - e: any breach of the lease agreement that jeopardizes the health, safety and welfare of the landlord, his agent, or other tenant, or involving imminent or actual serious property damage.

Initials: _____

6. ***VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY.*** A single violation of any of the provisions of this added addendum shall be deemed a serious violation, and a material and irreparable non-compliance. It is understood that a single violation shall be good cause for immediate termination of the lease. Unless otherwise provided by law, proof of violation shall not require a criminal conviction, but shall be by a preponderance of the evidence.

Initials:_____

7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of this addendum shall govern.

Initials:_____

8. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Manager or Owner and Resident.

Initials:_____

*** I authorize property management to use police generated reports as Direct Evidence against me in an eviction hearing. ***

Resident Signature	Date	Property Manager's Signature	Date
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Resident Signature	Date	Name / Address of Property	Date
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Nottingham Gardens Apartments



Application to Rent/Lease Real Property

2165 E Rochelle Ave

Las Vegas, NV 89119

Ph: (702) 732-7508 Fax: (702) 732-0133

RESERVATION INFORMATION:

Address of Apartment/Unit:		Apt or Unit #	City: Las Vegas, NV		Zip: 89119
Rental Rate \$ _____ per _____ month	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

CO-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

ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:

OTHER PERSONS TO OCCUPY THE PROPERTY

FULL NAME	RELATIONSHIP	D.O.B.	OCCUPATION

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

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

Nottingham Gardens Apartments


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

COMPANY			POSITION OR OCCUPATION	START DATE	MONTHLY WAGE
NAME	ADDRESS	PHONE			

BANKING INFORMATION

BANK or S&L NAME	BRANCH	PHONE	ACCOUNT #	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: _____

AUTOMOBILES

MAKE/MODEL	COLOR	YEAR	LICENSE NUMBER	INSURANCE CO.

Nottingham Gardens Apartments



	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 OR INTEND TO OR IN PROCESS OF BANKRUPTCY?		
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 NOTTINGHAM GARDENS APARTMETNS.

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 30-Day written notice to vacate must be issued by the Resident prior to vacating, anytime on or after the initial term of lease agreement. If improper or no notice is given, tenant does hereby forfeit said security deposit.

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.

Pro-rate Rent \$ _____
 Additional Month Rent \$ _____
 Pet Fee \$ _____
 Security Deposit \$ _____
 KEY/Gate Deposit \$ _____
 Cleaning Fee (NR) \$ _____

Credit Check Fee/Application fee \$50.00 Per Applicant or \$75.00 (2-People)
 Total Due \$ _____
 LESS; RECEIVED TODAY \$< _____ >
TOTAL DUE AT MOVE-IN \$ _____

 Dated Applicant's Signature Applicant's Name PRINTED

 Dated Applicant's Signature Applicant's Name PRINTED

 Date Leasing Agent



Nottingham Gardens Apartments

Request for Verification of Residence

Date: _____

To: _____

Fax: _____

_____ has applied for residency here at Nottingham Gardens Apartments.
They have stated that they live/lived at your apartment community in Apartment _____ or location
_____.

Please verify the following information:

1. Move in date: _____ Move out date: _____

2. Is there a Lease currently in force? Yes No

If yes, lease end date: _____

3. Is there a roommate? Yes No

4. Have they ever been late paying their rent? Yes No

If Yes, How many times? _____

5. Any NSF checks? Yes No

If Yes, How Many times? _____

6. Does Applicant owe any money at this time? Yes No

If Yes, Balance Due: _____ What is the balance for?

7. Has proper notice been given for move out? Yes No

8. Applicant reason for moving out? _____

9. Eviction Notice Served? Yes No

10. Any 3-day, 5-day or 30-day Notices served? Yes No

11. Would you re-rent to Applicant? Yes No

If No, Why? _____

12. Did the applicant have any pets? Yes No

Signature and title or person verifying: _____

Date: _____

If you have any questions regarding this verification, please feel free to contact our office at (702) 732-7508.
Otherwise, please fax your response to (702) 732-01333. Thank you for your cooperation.

Applicant's Approval for release of information:

Property Manager/Leasing Agent.

Prospective Tenant for Apartment Located at:

Nottingham Gardens Apartments.
2165 E Rochelle Ave
Las Vegas, NV 89119

PERMISSION TO RELEASE INFORMATION

Under Nevada Revised Statutes, NRS 179A.100.1

Nottingham Gardens Apartments may request records of criminal History (or the absence thereof) about any prospective tenants. What may be released by any agency of criminal justice without any restriction are: any record reflecting a conviction and any record, which pertains to an incident a person is currently within the system of the criminal justice. This information is to be used by the apartment complex listed above only and not to be disseminated to any other person(s) or apartment complexes or management companies.

As a routine policy, we request any prospective tenant to grant us release. We are not required under the law to get release but want you to know that we routinely get the criminal information or lack thereof from a police agency in order to serve our clients and the public.

You granting the release is a condition of your being considered for tenancy at this apartment community.

Thank you for your cooperation.

RELEASE

(To be signed by each prospective tenant age 18 years or older)

Printed Name: _____

Signature: _____ Date Signed: _____

Date of Birth: _____ SSN: _____

Present Address: _____

Verified By: _____ Date: _____

(Management Personnel)

Information Released By: _____ ID# _____

(Authorized Employer)

Date Information Released: _____

Nottingham Gardens Apartments

Employment Verification

(To be Completed by Employer or Agent)

Applicant Name: _____

Applicant Social Security Number: _____

Date: ____/____/____ Time: _____

Job Title/Position: _____

Wage/Salary \$ _____ Per: _____

Full or Part Time: _____

Person Verifying Employment: _____

Job Title/Position: _____

We would like to Thank You in advance for your Cooperation, Please Fax back to (702) 732-0133.

If you have any questions or would like to speak to someone please feel free to call our office at (702) 732-7508

Applicant Signature: _____

* Including Pay Stub will speed up the process of Verification. *