

# APPLICATION TO RENT

**Real Property Management Group, Inc.  
3283 E. Warm Springs #300  
Las Vegas, NV 89120  
(702) 933-7764 Office  
(702) 933-7774 Fax**

The undersigned hereby makes application to rent the unit described as \_\_\_\_\_ for \$\_\_\_\_\_ per month plus all utilities. The Undersigned agrees to pay the full security deposit of \$\_\_\_\_\_ (cashier's check or money order only.) within 24 hours of approval of this application to hold the unit for occupancy on \_\_/\_\_/\_\_.

**NAME:** **SOCIAL SECURITY #:**  
**OTHER NAMES USED:** **DRIVER'S LICENSE #:**  
**YOUR WORK PHONE #:** **HOME PHONE #:**  
**CELL PHONE #:** **EMAIL ADDRESS:**

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<u>List all Proposed Occupants</u>	<u>Year of birth</u>	<u>Employer</u>
1.		
2.		
3.		
4.		

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Present Address: City, State, Zip:  
Landlord's Name: Phone Number:  
Apartment Name (If any):

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	<u>Applicant's Employment</u>	<u>Spouse's Employment</u>
Position		
Name of Company		
Company Address		
Company Phone #		
Name of Supervisor		
Wages		

**Financial Obligations:**

<u>Payments To</u>	<u>Amount Owed</u>	<u>Account #</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Bank References:**

<u>Bank Name</u>	<u>Branch</u>	<u>Account #</u>	<u>Checking or Savings</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Automobiles:**

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License Plate #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever filed for bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Will you have any pets? \_\_\_\_\_ What kind? \_\_\_\_\_  
Motorcycles? \_\_\_\_\_ Other vehicles? \_\_\_\_\_  
Why are you vacating your present residence? \_\_\_\_\_  
Will you have any liquid furniture? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
In event of an emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant represents that statements are true and correct and hereby authorize verification of all information, including but not limited to obtaining a credit report and agrees to furnish additional information on request.

A NON-REFUNDABLE Application fee (Cash or certified funds only) of \$55.00 must be submitted with each application. Each person 18 years of age or over must personally fill out, sign, and deliver an application. Filling in all blanks will expedite processing. A valid photo I.D. is required.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT TO COMPLETE BY ASTERISKS, EMPLOYER TO COMPLETE BALANCE OF FORM**

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FACSIMILE TRANSMITTAL

DATE:

TRANSMISSION TO:

ATTENTION:

SUBJECT: **EMPLOYMENT VERIFICATION**

FROM:

REGES:

THE FOLLOWING NAMED PERSON HAS APPLIED TO US FOR A RENTAL PROPERTY AND HEREBY GIVES PERMISSION FOR YOU TO RELEASE THIS INFORMATION. PLEASE COMPLETE THE VERIFICATION AND FAX BACK TO (702) 566-26.

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DOB \_\_\_\_\_

START DATE \_\_\_\_\_

AMOUNT OF MONTHLY EARNINGS \_\_\_\_\_

PAY PERIOD: WEEKLY \_\_\_\_\_ BIWEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_

PAY TYPE: HOURLY \_\_\_\_\_ SALARY \_\_\_\_\_ COMMISSION \_\_\_\_\_

PROBABILITY OF CONTINUES EMPLOYMENT \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**SIGNATURE OF APPLICANT:**

\_\_\_\_\_  
\*DATE: \_\_\_\_\_

SIGNATURE OF PERSON COMPLETEING FORM

\_\_\_\_\_  
DATE \_\_\_\_\_

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NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DOB \_\_\_\_\_

START DATE \_\_\_\_\_

AMOUNT OF MONTHLY EARNINGS \_\_\_\_\_

PAY PERIOD: WEEKLY \_\_\_\_\_ BIWEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_

PAY TYPE: HOURLY \_\_\_\_\_ SALARY \_\_\_\_\_ COMMISSION \_\_\_\_\_

PROBABILITY OF CONTINUES EMPLOYMENT \_\_\_\_\_

REMARKS: \_\_\_\_\_

**SIGNATURE OF APPLICANT:**

\_\_\_\_\_

**\*DATE:** \_\_\_\_\_

SIGNATURE OF PERSON COMPLETEING FORM

\_\_\_\_\_

DATE \_\_\_\_\_

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I understand that Real Property Management Group, Inc. requires renters insurance to protect myself against personal losses or additional insured with minimum liability of \$100,000.00 Renters insurance generally runs \$20-\$25 monthly. A copy of my renters insurance is mandatory at the lease signing. Keys will not be released until insurance is obtained.

I understand that should I fail to provide renters insurance at the lease signing Real Property Management Group, Inc. will have the option of denying the lease.

Further more, at any time during the lease I understand that if my coverage changes in any way I must contact Real Property Management Group, Inc and provide proof of the updated coverage.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

**METROPOLITAN TENANT INFORMATION SERVICES  
PARK RIDGE, IL**

**AUTHORIZATION FOR RELEASE OF INFORMATION TO  
METROPOLITAN TENANT INFORMATION SERVICES INC  
(TO BE COMPLETED BY PROSPECTIVE TENANT/APPLICANT)**

I, \_\_\_\_\_(applicant), in connection with this application, authorize all Corporations, Companies, Credit Agencies, Banks, Persons, Educational Institutions, Law Enforcement Agencies, Military Services and current and former employers to release information, including salary, they may have about me to \_\_\_\_\_(potential landlord/employer) for housing/employment at \_\_\_\_\_and their agents, and release them from any liability or responsibility for doing so; further, I authorize procurement of an investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation and that further information may be made available upon written request within a reasonable period of time. I also understand that a criminal background check may be obtained relevant to this application. I understand this notice will also apply to any further update reports that may be requested.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Address including City, State & Zip Code (where living now)

\_\_\_\_\_  
Previous Address including City, State and Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature