Mesquite Bluffs Apartments

100 North Grapevine Mesquite, NV 89027

(Phone) 702-346-4500 (Fax) 702-346-6214

Rental Application

PART I - HOUSEHOLD COMPOSITION									
HH Mbr#	Last Name	First & Mi		Date of Birth	Relationship to	Drivers License Number		Social Security or Alien Reg No.	
1									
2									
3									
4									
5									
6									
7									
8									
9									
	nticipate a change in the l If Yes, please explain:	nousehold occupants i	n the next 12 months?		YES	NO			have a animals? Yes No
PART II -CONTACT INFORMATION- RENTAL HISTORY (Need 2 years of History)									
Cell Phone					E-mail Address				
Second	Cell #								
Present Add	ress	City	State	Zip	How Long? from to	() Own () Rent	Phone		Monthly Payment
Name of Pre	sent Landlord/Mortgage Co.				City	Zip	Day Phone		Night Phone
Previous Ad	dress	City	State	Zip	How Long? from to	() Own () Rent	Phone		Monthly Payment
Name of Pre	vious Landlord/Mortgage Co.				City	Zip	Day Phone		Night Phone
PART III - IMPORTANT INFORMATION									
AUTO #1 (Y	Year, Make, Model, Color)	License Plate	State		Payment Made to:				Monthly Payment \$
AUTO #2 (Y	Year, Make, Model, Color)	License Plate	State		Payment Made to:				Monthly Payment
Name of AP	PLICANT'S nearest Relative	Relationship	Address		City		State Zi	p	Phone
Emergency (Contact	Relationship	Address		City		State Zi	p	Phone
Personal Rei	ference	Relationship	Address		City		State Z	p	Phone
			I						<u> </u>

PART IV- SECTION 8								
Do you receive Section 8 assistance?	NO	If YES, please complete the rest of this section						
Name of Caseworker	Telephone number of Ca	seworker		Office:	Voucher Amount \$	Last Recertification Date		

		PAKI V - I	RECURRING INCOME - P	REVIOUS 2 YEAR	S (1st A ₁	pplicant)			
Applicants Name:									
(Circle all applical	Employed Full Time		Employed Part Time	Self-Em	ployed		Non-Employed Unemployed		
Current Employer			Position			Iow Long Supervisor Name			
Telephone Number	lephone Number Fax Number				from to Address				
Current Wages	(Circle one)	Aver	age Hours Per Week	Do you earn t	ips?		Do you have more tha	n one job?	
\$	per Hour / Week / Mont	th		YES	NO		YES	NO	
Second Employer		·	Position	·	How Long from	to	Supervisor Name		
Telephone Number		Fax Number			Address	10			
Current Wages	(Circle one) per Hour / Week / Mont		age Hours Per Week	Do you earn t	_		Do you have more tha		
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3	per Hour / Week / Mon	.11			NO ircle each	one indivi	YES dual	NO	
OTHER INCOME:	Alimony	/ Child Sup	port	YES	NO			Week / Month	
Program regulations	AFDC / T			YES	NO			Week / Month	
require that all income be disclosed in order		curity / Disa	ability	YES	NO			Week / Month	
to determine		nt / Pension	•	YES	NO			Week / Month	
qualification. Please			/ / Amurics	YES	NO			Week / Month	
provide recurring monthly amount if	Unemplo Worker's	ymem Compensati	ion	YES	NO			Week / Month	
moniniy amouni ij		Gifts from		YES	NO			Week / Month	
		Scholarship	•	YES	NO			Week / Month	
		Reserve Pay	1			Week / Month Week / Month			
	•	curring Mor		YES YES	NO NO			Week / Month	
	Other Res					()		VV CCR / IVIOIIII	
A 11 / NT		KECU	RRING INCOME - PREVI						
Applicants Name:			ARTHUS ELECTIVE TREVE	OUS 2 TEARS (21)	и пррпс	ant)			
Applicants Name: (Circle all applical	Employed Full Time		Employed Part Time	Self-Emj		ant)	Non-Employed	Unemployed	
	Employed Full Time			Self-Em		ant)	Non-Employed Supervisor Name	Unemployed	
	Employed Full Time		Employed Part Time	Self-Em	ployed	to		Unemployed	
(Circle all applical	Employed Full Time	Fax Number	Employed Part Time	Self-Em	ployed How Long			Unemployed	
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PART VI- CE	RTIFICATION		
hereby apply to lease the above described premises on substantially the terms soroperty to accept this application, I certify that all information contained herein of this application or in the termination of the Lease Agreement.		_	
n addition, applicant has paid \$ holding deposit to agent to ho no event shall this period exceed 30 days. In the event this application is not applicate the date of deposit, the \$ holding deposit shall be refunded. The refuse to sign the lease or occupy the premises on the agreed upon date, the hold applied to any amounts owing at that times the refuse to sign the lease or occupy the premises on the agreed upon date, the hold applied to any amounts owing at that times the refuse to sign the lease or occupy the premises on the agreed upon date, the hold applied to any amounts owing at that times the refuse to sign the lease or occupy the premises on the agreed upon date, the hold applied to any amounts owing at that times the refuse to sign the lease or occupy the premises on the agreed upon date, the hold applied to any amounts owing at that times the refuse to sign the lease or occupy the premises on the agreed upon date, the hold applied to any amounts owing at that times the refuse to sign the lease or occupy the premises on the agreed upon date, the hold applied to any amounts owing at that times the refuse to sign the lease or occupy the premises on the agreed upon date, the hold applied to any amounts owing at that times the refuse to sign the lease of the refuse to sign the lease or occupy the premises of the refuse to sign the lease	proved by the owner or the applicant withdraws the After that initial 72 hours period expires, it is under ling deposit is thereby forfeited. Upon occupying the	e applic erstood	ation within 72 hours that should applicant
We certify that to the best of my/our knowledge all statements are true and con reports, criminal background reports, character reports, verification of rental his information put forth in the above referenced application for residency, faults, from subsequent eviction.	tory, income history and employment history as nec	cessary	to verify all
Have you or any other person planning to reside in our community, even or misdemeanor offense?	r been indicted or convicted of any felony Yes	No	(Circle one)
Have you ever been EVICTED?	Yes	No	(Circle one)
Were you referred to the property by anyone?	Yes	No	(Circle one)
If Yes, Who?	If Resident, Apt #		
Applicant	Date	1	
Applicant	Date	EC	QUAL HOUSING DPPORTUNITY
Management Representative	Date		