

Mesquite Bluffs Apartments
100 North Grapevine
Mesquite, NV 89027
(Phone) 702-346-4500 (Fax) 702-346-6214

Rental Application

Unit Number	
--------------------	--

PART I - HOUSEHOLD COMPOSITION

HH Mbr#	Last Name	First & Middle Name	Date of Birth	Relationship to Head of Household	Drivers License Number	Social Security or Alien Reg No.
1						
2						
3						
4						
5						
6						
7						
8						
9						

Do you anticipate a change in the household occupants in the next 12 months? YES NO If Yes, please explain:	Do you have a animals? Yes No
---	--

PART II - CONTACT INFORMATION- RENTAL HISTORY (Need 2 years of History)

Cell Phone ()	E-mail Address		
Second Cell #			
Present Address	City	State	Zip
	How Long? from to	() Own () Rent	Phone
Name of Present Landlord/Mortgage Co.	City	Zip	Monthly Payment \$
			Day Phone () Night Phone ()
Previous Address	City	State	Zip
	How Long? from to	() Own () Rent	Phone
Name of Previous Landlord/Mortgage Co.	City	Zip	Monthly Payment \$
			Day Phone () Night Phone ()

PART III - IMPORTANT INFORMATION

AUTO #1 (Year, Make, Model, Color)	License Plate	State	Payment Made to:	Monthly Payment \$
AUTO #2 (Year, Make, Model, Color)	License Plate	State	Payment Made to:	Monthly Payment \$
Name of APPLICANT'S nearest Relative	Relationship	Address	City	State Zip
				Phone ()
Emergency Contact	Relationship	Address	City	State Zip
				Phone ()
Personal Reference	Relationship	Address	City	State Zip
				Phone ()

PART IV- SECTION 8

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

PART V - RECURRING INCOME - PREVIOUS 2 YEARS (1st Applicant)

Applicants Name:

(Circle all applical Employed Full Time Employed Part Time Self-Employed Non-Employed Unemployed

Current Employer		Position	How Long from _____ to _____	Supervisor Name
Telephone Number		Fax Number	Address	
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	Do you have more than one job? YES NO
Second Employer		Position	How Long from _____ to _____	Supervisor Name
Telephone Number		Fax Number	Address	
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	Do you have more than one job? YES NO
Previous Employer		Position	How Long from _____ to _____	Supervisor Name
Telephone Number		Fax Number	Address	
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	Do you have more than one job? YES NO

ircle each one individual

<i>OTHER INCOME: Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support	YES	NO	_____	Week / Month
	AFDC / TANF	YES	NO	_____	Week / Month
	Social Security / Disability	YES	NO	_____	Week / Month
	Retirement / Pension / Annuities	YES	NO	_____	Week / Month
	Unemployment	YES	NO	_____	Week / Month
	Worker's Compensation	YES	NO	_____	Week / Month
	Recurring Gifts from Family	YES	NO	_____	Week / Month
	Grants & Scholarships	YES	NO	_____	Week / Month
	Military/Reserve Pay	YES	NO	_____	Week / Month
	Other Recurring Monies	YES	NO	_____	Week / Month

RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)

Applicants Name:

(Circle all applical Employed Full Time Employed Part Time Self-Employed Non-Employed Unemployed

Current Employer		Position	How Long from _____ to _____	Supervisor Name
Telephone Number		Fax Number	Address	
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	Do you have more than one job? YES NO
Second Employer		Position	How Long from _____ to _____	Supervisor Name
Telephone Number		Fax Number	Address	
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	Do you have more than one job? YES NO
Previous Employer		Position	How Long from _____ to _____	Supervisor Name
Telephone Number		Fax Number	Address	
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	Do you have more than one job? YES NO

ircle each one individual

<i>OTHER INCOME: Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support	YES	NO	_____	Week / Month
	AFDC / TANF	YES	NO	_____	Week / Month
	Social Security / Disability	YES	NO	_____	Week / Month
	Retirement / Pension / Annuities	YES	NO	_____	Week / Month
	Unemployment	YES	NO	_____	Week / Month
	Worker's Compensation	YES	NO	_____	Week / Month
	Recurring Gifts from Family	YES	NO	_____	Week / Month
	Grants & Scholarships	YES	NO	_____	Week / Month
	Military/Reserve Pay	YES	NO	_____	Week / Month
	Other Recurring Monies	YES	NO	_____	Week / Month

PART VI- CERTIFICATION

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Mesquite Bluffs Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application or in the termination of the Lease Agreement.

In addition, applicant has paid \$ _____ holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In no event shall this period exceed 30 days. In the event this application is not approved by the owner or the applicant withdraws the application within 72 hours of the date of deposit, the \$ _____ holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$ _____ holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Mesquite Bluffs, or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income history and employment history as necessary to verify all information put forth in the above referenced application for residency, faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense?

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

Applicant

Date

Management Representative

Date

