

APPLICANT #1 – PERSONAL INFORMATION - FILL OUT COMPLETELY

Application Must Be Filled Out Completely. Applications with missing information will not be considered. PLEASE PRINT CLEARLY

FULL NAME (PLEASE PRINT): \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

SPOUSE (FULL NAME): \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

1. PRESENT ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ CURRENT RENT: \_\_\_\_\_

PRESENT LANDLORD: \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

2. PREVIOUS ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ MONTHLY RENT: \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\*\*USE BACK OF THIS SHEET IF YOU NEED TO ENTER MORE INFORMATION

APPLICANT #1 – EMPLOYMENT HISTORY

FILL OUT COMPLETELY

1. PRESENT EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ SALARY: \_\_\_\_\_

2. PREVIOUS EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ SALARY: \_\_\_\_\_

3. OTHER INCOME SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

\*\*USE BACK OF THIS SHEET IF YOU NEED TO ENTER MORE INFORMATION

**NEED 2 FORMS OF ID: DRIVER'S LICENSE, SOCIAL SECURITY CARD, PASSPORT, OTHER VALID ID**

**APPLICANT #2 - PERSONAL INFORMATION**

FULL NAME (PLEASE PRINT): \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

SPOUSE (FULL NAME): \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

1. PRESENT ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ CURRENT RENT: \_\_\_\_\_

PRESENT LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

1. PREVIOUS ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ MONTHLY RENT: \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**APPLICANT #2 - EMPLOYMENT HISTORY**

1. PRESENT EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ SALARY: \_\_\_\_\_

2. PREVIOUS EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ SALARY: \_\_\_\_\_

3. OTHER INCOME SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_



**GENERAL INFORMATION**

**A: ADDITIONAL OCCUPANTS:**

All Occupants (adults & children) must be listed on the lease even if only residing part time with resident

1. _____	/	_____	/	_____
Full Name		Relationship		Birthdate
2. _____	/	_____	/	_____
Full Name		Relationship		Birthdate
3. _____	/	_____	/	_____
Full Name		Relationship		Birthdate
4. _____	/	_____	/	_____
Full Name		Relationship		Birthdate

**B. HOW DID YOU HEAR ABOUT THESE APARTMENTS?** \_\_\_\_\_

**C. HAS ANY APPLICANT FILED BANKRUPTCY IN THE LAST 10 YEARS?** \_\_\_\_\_ **APPLICANT NAME:** \_\_\_\_\_  
**DETAILS:** \_\_\_\_\_

**D. HAS ANY APPLICANT EVER BEEN EVICTED:** \_\_\_\_\_ **APPLICANT NAME:** \_\_\_\_\_  
**DETAILS:** \_\_\_\_\_

**E. HAS ANY APPLICANT WILLFULLY REFUSED TO PAY RENT WHEN DUE:** \_\_\_\_\_ **APPLICANT NAME:** \_\_\_\_\_  
**DETAILS:** \_\_\_\_\_

**F. HAS ANY APPLICANT EVER BEEN CONVICTED OF A GROSS MISDEMEANOR OR FELONY?** \_\_\_\_\_ **WHEN:** \_\_\_\_\_  
**APPLICANT NAME:** \_\_\_\_\_ **EXPLANATION:** \_\_\_\_\_  
\_\_\_\_\_

**Decatur Pines Apartments**  
3920 S Decatur Blvd  
Las Vegas, NV 89103  
Phone: 702-364-2350 Fax: 702-364-4698  
[decaturpinesaps3920@gmail.com](mailto:decaturpinesaps3920@gmail.com)

## Apartment Rental Application

### PETS

**DECATUR PINES APARTMENTS ACCEPTS PETS WITH A NON-REFUNDABLE PET DEPOSIT OF \$250.00, DUE IN FULL BEFORE MOVE-IN. A MAXIMUM OF 2 PETS PER UNIT, 25 LBS MAX WEIGHT EACH FULL GROWN WILL BE PERMITTED. CURRENT SHOT RECORDS AND WEIGHT CERTIFICATION BY A LICENSED VETERINARIAN ARE REQUIRED BEFORE MOVE-IN AND WILL BE KEPT ON FILE.**

**SERVICE DOGS ARE PERMITTED FOR RESIDENTS WHO REQUIRE THEM. YOU MUST PROVIDE THE PROPER DOCUMENTATION FOR THE SERVICE DOG AND SHOT RECORDS UPON MOVE-IN, WHICH WILL BE KEPT ON FILE. BREED RESTRICTIONS APPLY.**

PET'S NAME: \_\_\_\_\_

BREED: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

BREED: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

### APPLICATION FEE

(\$45.00 PER ADULT 18 YRS AND OLDER)

Applicant has submitted the sum of \$\_\_\_\_\_ which is a non-refundable payment for processing a credit check and background check. Receipt of which is acknowledgement by management, that such sum is not a rental payment. In the event this application is disapproved, the sum will be retained by management to cover the cost of processing application furnished by applicant. This application must be signed before it can be processed by management. Any false information will constitute grounds for rejection of application. Applicant gives lessor permission to fully verify application to include personal credit check.

### SECTION 7 - DEPOSITS

Once approved for move-in, a holding fee of **\$400.00** is required to be paid to management within 24 hours to hold a unit for move-in in connection with this rental application. If my application is accepted, I understand this deposit will revert to a non-refundable cleaning fee to renovate the unit after move-out. If management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline my application, then Management will refund this holding fee to me in full. **Units may be held for a maximum of 2 weeks for move-in with the applicant's paid \$400.00 holding fee.**

I further understand that after review of my application, an additional deposit may be assessed and will be payable before move-in, depending on credit. The additional deposit amount will be determined after review by management and may be from \$100.00 up to the equivalent of 1 month's rent. The additional deposit will be refundable upon leaving the unit in very good condition.

I understand I may cancel this application by written notice within **48** hours and receive a full refund of the \$400.00 holding fee. If I cancel after **48** hours, or fail to execute Management's usual rental agreement, or refuse to occupy the premises on the agreed upon date, I understand this holding fee will be forfeited by me to said community as liquidate damage.

**MOVE-IN DATE REQUESTED:** \_\_\_\_\_

**BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND ACCEPT THE TERMS OF THE APPLICATION AGREEMENT**

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

Move In Date: \_\_\_\_\_ Apt # \_\_\_\_\_ Unit Type: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ Rental Agent: \_\_\_\_\_



# Rental History Verification



Decatur Pines Apartments  
3920 S Decatur Blvd. Las Vegas, NV 89120  
Phone: 702-364-2350 Fax: 702-364-4698

**(Applicant to fill out and sign top portion only.)**

Applicant Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Current Address \_\_\_\_\_ Unit # \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

### Authorization of Applicant:

I hereby give my permission for my previous or current landlord/mortgage company to verify the requested information to Decatur Pines Apartments for the purpose of processing my application for residency.

Applicant's signature(s): \_\_\_\_\_

**We request that you verify the residency and payment history of the applicant listed above. Please complete the form in full and return at your earliest convenience to [decaturpinesapts3920@gmail.com](mailto:decaturpinesapts3920@gmail.com) or Fax to 702-364-4698. Your prompt response is appreciated.**

Monthly Rent: \$ \_\_\_\_\_ Move in Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Lease Term: \_\_\_\_\_ Current Tenant: \_\_\_\_\_ Applicant on Lease: \_\_\_\_\_

Proper Notice Given: \_\_\_\_\_ Was Lease Fulfilled: \_\_\_\_\_ Any Money Owed: \_\_\_\_\_

Rent Paid On Time: \_\_\_\_\_ Number of Late Pays: \_\_\_\_\_ # of NSF Checks: \_\_\_\_\_

Were Any Notices Served by Landlord: \_\_\_\_\_ If Yes, Notice Type: \_\_\_\_\_ How Many: \_\_\_\_\_

Has the applicant had complaints against them for noise: \_\_\_\_\_ Unauthorized Pets: \_\_\_\_\_

Has the applicant allowed any unauthorized tenants to reside in the unit that were not on lease: \_\_\_\_\_

Any damages or complaints: \_\_\_\_\_

Is applicant in the process of being evicted: \_\_\_\_\_ Will deposit be fully refunded: \_\_\_\_\_

Will you Re-rent: \_\_\_\_\_ If no, why not: \_\_\_\_\_

Signature of Person Verifying: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_

# Employment History Verification



**Decatur Pines Apartments**  
3920 S Decatur Blvd. Las Vegas, NV 89120  
Phone: 702-364-2350 Fax: 702-364-4698

**(Applicant to fill out and sign this section only)**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization of Applicant:

By signing below, I herby give my permission for my previous or current employer to verify the requested information to Decatur Pines Apartments for the purpose of processing my application for residency.

Applicant's signature: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Employer: We request that you verify the employment history and salary of the applicant listed above. Please complete and return at your earliest convenience to [decaturpinesapts3920@gmail.com](mailto:decaturpinesapts3920@gmail.com) or Fax to 702-364-4698. Your prompt response is appreciated.

Applicant's Date of Hire: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_ Position: \_\_\_\_\_

Is a Criminal Background Check Included In Your Hiring Process: \_\_\_\_\_

Is Applicant in a Probationary Period: \_\_\_\_\_ Is Applicant a Seasonal Employee: \_\_\_\_\_

Is There a Set End Date For Applicant's Employment: \_\_\_\_\_ If So, When: \_\_\_\_\_

Signature of Person Verifying: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_