

SUNSET PALMS/PARK APARTMENTS
5130 S. FORT APACHE RD SUITE 215-423
LAS VEGAS, NV 89148
PHONE: 702-490-0433 FAX: 310-862-4587

Rental Application

Unit Number

PART I - HOUSEHOLD COMPOSITION

HH Mbr#	Last Name	First Name	Date of Birth	Relationship to Head of Household	Full time Student?	Drivers License Number	Social Security or Alien Reg No.
1					Y / N		
2					Y / N		
3					Y / N		
4					Y / N		
5					Y / N		
6					Y / N		
7					Y / N		
8					Y / N		
9					Y / N		

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

PART II - STUDENT STATUS

Are ALL occupants of the household full time students? Yes No (Circle one)

If Yes, to the above, answer the following:

Is the household comprised of a single parent and with school age child(ren),
neither of whom are dependents of a third party? Yes No (Circle one)

Are Applicant & Co-Applicant married and do they file a joint income tax return? Yes No (Circle one)

Does the household receive TANF/AFDC? Yes No (Circle one)

Are any of the students currently or previously part of the Foster Care Program Yes No (Circle one)

Are any of the students, participants in the Job Training Partnership Act? Yes No (Circle one)

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

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

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

Applicants Name:

(Circle all applical Employed Full Time Employed Part Time Self-Employed Anticipated Income 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	If Yes Weekly Amount \$	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	If Yes Weekly Amount \$	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	If Yes Weekly Amount \$	Do you have more than one job? YES NO

(Circle each one individually)

<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 Anticipated Income 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	If Yes Weekly Amount \$	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	If Yes Weekly Amount \$	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	If Yes Weekly Amount \$	Do you have more than one job? YES NO

(Circle each one individually)

<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 VII - ASSETS

OTHER INCOME: *Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.*

Applicant Name: _____					Applicant Name: _____				
	YES	NO	Value	Annual Earnings		YES	NO	Value	Annual Earnings
Cash on Hand	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Checking Account (6 month average)	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Savings Account	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Money Market, CD's and Other	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Stocks / Bonds	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
IRA'S, 401(K), Keogh	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Real Estate	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Boat, Trailer and Rec Vehicles	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Life Insurance Policies	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Other Assets	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Total: \$ _____					Total: \$ _____				

Has any member of the household disposed of an asset for less than fair market value in the past 24 months? YES NO

If YES, please list: _____

PART VIII - CERTIFICATION

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Sunset Palms/Park Apartments or 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 10 days. In the event this application is not approved by the owner or the applicant withdraws the application within 24 hours of the date of deposit, the \$ _____ holding deposit shall be refunded. After that initial 24 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 Sunset Palms/Park Apartments, 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?

Do you have any pets or do you intend to get any pets?

Have you ever been evicted?

Yes No (Circle one)
 Yes No (Circle one)
 Yes No (Circle one)
 Yes No (Circle one)
 Yes No (Circle one)

Where you referred to the property by anyone?

If Yes, Who? _____

If Resident, Apt # _____

Applicant _____

Date _____

Applicant _____

Date _____

Management Representative _____

Date _____

