

RENTAL APPLICATION

Each applicant must submit a separate application.
PLEASE PRINT IN BLACK INK, UNLESS YOU SUBMIT DIGITALLY.

| | | | | | | | | | | | | | | | |
|--|-----------|------|-----------------------------------|-----------------------------|-----------------------|--------------------------|----------------------------|--|------------------------|--------------|--------------------|--------------|----------|---------|------|
| COMMUNITY NAME | | | COMMUNITY CONTACT | | | COMMUNITY PHONE # | | | COMMUNITY FAX # | | | APT # | | | |
| La Serena at the Parque | | | | | | (702) 642-8485 | | | (702) 642-8756 | | | | | | |
| APPLICANT'S LAST NAME | | FRST | MI | MARITAL STATUS (CHOOSE ONE) | | SOCIAL SECURITY # | | | D.O.B. | | DRIVER'S LICENSE # | | STATE | | |
| | | | | M S D W | | | | | | | | | | | |
| APPLICANT'S LAST NAME | | FRST | MI | MARITAL STATUS (CHOOSE ONE) | | SOCIAL SECURITY # | | | D.O.B. | | DRIVER'S LICENSE # | | STATE | | |
| | | | | M S D W | | | | | | | | | | | |
| OTHER PERSONS THAT WILL OCCUPY THE PROPERTY | FULL NAME | | | RELATION | | MONTH | DOB DAY | YEAR | FULL NAME | | | RELATION | MONTH | DOB DAY | YEAR |
| | FULL NAME | | | RELATION | | MONTH | DOB DAY | YEAR | FULL NAME | | | RELATION | MONTH | DOB DAY | YEAR |
| | FULL NAME | | | RELATION | | MONTH | DOB DAY | YEAR | FULL NAME | | | RELATION | MONTH | DOB DAY | YEAR |
| WILL A PET OCCUPY THE PROPERTY? | | | Breed | | Type | Weight | | IS THE PET PROPERLY LICENSED & INOCULATED FOR RABIES? | | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| RESIDENCE HISTORY | | | | | | | | | | | | | | | |
| PRESENT STREET ADDRESS | | | APT # | CITY | | STATE | ZIP CODE | | DATES OF OCCUPANCY | | | | | | |
| | | | | | | | | | MOVE IN DATE | | / | / | / | | |
| | | | | | | | | | MOVE OUT DATE | | / | / | / | | |
| PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY | | | | | | MONTHLY PAYMENT | LANDLORD PHONE + AREA CODE | | | (CHOOSE ONE) | | | | | |
| | | | | | | | | | | OWN RENT | | | | | |
| SPOUSE'S ADDRESS IF DIFFERENT | | | APT # | CITY | | STATE | ZIP CODE | | DATES OF OCCUPANCY | | | | | | |
| | | | | | | | | | MOVE IN DATE | | / | / | / | | |
| | | | | | | | | | MOVE OUT DATE | | / | / | / | | |
| SPOUSE'S LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY | | | | | | MONTHLY PAYMENT | LANDLORD PHONE + AREA CODE | | | (CHOOSE ONE) | | | | | |
| | | | | | | | | | | OWN RENT | | | | | |
| EMPLOYMENT HISTORY | | | | | | | | | | | | | | | |
| NAME OF PRESENT EMPLOYER | | | | PHONE NUMBER + AREA CODE | | | | DIRECT SUPERVISOR/HUMAN RESOURCES | | | | | | | |
| | | | | () | | | | | | | | | | | |
| EMPLOYMENT ADDRESS | | | START DATE | END DATE | CURRENT POSITION HELD | | | GROSS INCOME (BEFORE TAXES) | | | | | | | |
| | | | | | | | | | | | | | | | |
| NAME OF SPOUSE'S PRESENT EMPLOYER | | | | PHONE NUMBER + AREA CODE | | | | DIRECT SUPERVISOR/HUMAN RESOURCES | | | | | | | |
| | | | | () | | | | | | | | | | | |
| EMPLOYMENT ADDRESS | | | START DATE | END DATE | CURRENT POSITION HELD | | | GROSS INCOME (BEFORE TAXES) | | | | | | | |
| | | | | | | | | | | | | | | | |
| INCOME FROM ADDITIONAL SOURCES (ADDITIONAL INCOME NEED NOT BE DISCLOSED UNLESS SUCH INCOME IS TO BE CALCULATED FOR QUALIFICATION HEREUNDER) | | | | | | | | AMOUNT | | | | | | | |
| | | | | | | | | \$ | | | | | | | |
| AUTO INFORMATION | | | | | | | | | | | | | | | |
| AUTO #1 | YEAR | MAKE | MODEL | | | COLOR | | | LICENSE PLATE | STATE | | | | | |
| | | | | | | | | | | | | | | | |
| AUTO #2 | YEAR | MAKE | MODEL | | | COLOR | | | LICENSE PLATE | STATE | | | | | |
| | | | | | | | | | | | | | | | |
| PERSONAL INFORMATION | | | | | | | | | | | | | | | |
| HAVE YOU OR YOUR SPOUSE EVER HAD AN EVICTION FILED AGAINST YOU? | | | | | | | | | | | | YES | NO | | |
| HAVE YOU EVER BROKEN A RENTAL AGREEMENT? | | | | | | | | | | | | YES | NO | | |
| DO YOU CURRENTLY OWE ANY PRIOR LANDLORDS MONEY? | | | | | | | | | | | | YES | NO | | |
| HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? | | | | | | | | | | | | YES | NO | | |
| HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME? | | | | | | | | | | | | YES | NO | | |
| NAME OF APPLICANT'S NEAREST RELATIVE | | | TELEPHONE WITH AREA CODE | | | STREET ADDRESS | | | CITY | STATE | ZIP CODE | | | | |
| | | | | | | | | | | | | | | | |
| NAME OF SPOUSE'S NEAREST RELATIVE | | | TELEPHONE WITH AREA CODE | | | STREET ADDRESS | | | CITY | STATE | ZIP CODE | | | | |
| | | | | | | | | | | | | | | | |
| EMERGENCY CONTACT | | | WORK TELEPHONE WITH AREA CODE | | | HOME TELEPHONE | | | STREET ADDRESS | | CITY | STATE | ZIP CODE | | |
| | | | | | | | | | | | | | | | |
| THE ABOVE NAMED EMERGENCY CONTACT IS AUTHORIZED TO REMOVE AND/OR STORE ALL CONTENTS OF THE DWELLING AND/OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH OF RESIDENT. | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AGREE | | | <input type="checkbox"/> DISAGREE | | | SIGNATURE _____ | | | | | | | | | |

NON-REFUNDABLE APPLICATION FEE* \$45

- Application Fee is applicable to each Resident 18 years or older regardless of marital status.

HOLDING FEE* \$200

- Upon approval, this fee will be credited against future rent.
- Holding fee will be retained by the Community as liquidated damages in the event I do not choose to enter into a lease agreement for the unit which I have applied for with this application.
- I understand that I acquire no rights in the apartment until I complete the application, pay the holding fee, and execute a lease on the apartment.

***APPLICATION FEE AND HOLDING FEE MUST BE PAID BY CREDIT/DEBIT CARD OR CASHIERS CHECK MADE PAYABLE TO THE PROPERTY**

"I/We hereby authorize the Community to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records or arrest, rental history, employment/salary details, vehicle records, licensing records, and/or necessary information. I hereby expressly release the Community, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

I/We certify that, to the best of my knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction."

Should your application be denied you have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to Western Reporting, Inc., 8789 S. Highland Drive #300, Sandy UT 84093. Phone: 800-466-1966.

Applicant(s) Signature:

APPLICANT'S SIGNATURE: _____

DATE SUBMITTED: _____

CONTACT PHONE # ()

CHOOSE ONE: HOME WORK CELL OTHER

EMAIL _____

APPLICANT'S SIGNATURE: _____

DATE SUBMITTED: _____

CONTACT PHONE # ()

CHOOSE ONE: HOME WORK CELL OTHER

EMAIL _____

Agent Signature:

AGENT FOR THIS OWNER: _____

DATE RECEIVED: _____

OPTIONS FOR FORM SUBMISSION:

1- FILL OUT FORM DIGITALLY, SAVE THE FORM BY DOWNLOADING THE FORM TO YOUR COMPUTER AND EMAIL TO US AT: serenaparque@brprop.com AND THEN CALL US TO MAKE YOUR APPLICATION PAYMENTS OVER THE PHONE AT 702-642-8485

2- FILL OUT FORM DIGITALLY, PRINT THE FORM BY CLICKING THE 'PRINT FORM' BUTTON BELOW, AND MAIL TO US AT:

Parque Manager
LA SERENA AT THE PARQUE APARTMENTS
1237 W Alexander Road
North Las Vegas, NV 89032

3- PRINT THE BLANK FORM BY CLICKING THE 'PRINT FORM' BUTTON BELOW, FILL IT OUT IN BLACK INK, AND MAIL TO US AT:

Parque Manager
LA SERENA AT THE PARQUE APARTMENTS
1237 W Alexander Road
North Las Vegas, NV 89032

If mailing, don't forget to send the Application and Holding Fees (listed at the top of this page) with your completed form. We only accept cashier's checks.