

RENTAL APPLICATION

Each applicant must submit a separate application.
PLEASE PRINT IN BLACK INK.

COMMUNITY NAME		COMMUNITY CONTACT		COMMUNITY PHONE#		COMMUNITY FAX#		APT#		*COSIGNOR		
Portofino Villas		Leasing Agent		(702) 309-7368		(702) 647-3841				YES <input type="checkbox"/> NO <input type="checkbox"/>		
APPLICANTS LAST NAME		FIRST	MI	SOCIAL SECURITY #		D.O.B.		DRIVER'S LICENSE # AND STATE ISSUED				
APPLICANTS LAST NAME		FIRST	MI	SOCIAL SECURITY #		D.O.B.		DRIVER'S LICENSE # AND STATE ISSUED				
OTHER PERSONS THAT WILL OCCUPY THE PROPERTY	FULL NAME		RELATION	DOB	FULL NAME		RELATION	DOB				
	FULL NAME		RELATION	DOB	FULL NAME		RELATION	DOB				
	WILL A PET OCCUPY THE PROPERTY? YES OR NO			BREED/TYPE	WEIGHT	HOME PHONE + AREA CODE ()						
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				MTHLY PMT. \$	HOME PHONE + AREA CODE OWN _____ RENT _____							
PREVIOUS STREET ADDRESS		APT #	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY MOVE IN DATE _____ MOVE OUT DATE _____						
PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY				MTHLY PMT. \$	HOME PHONE + AREA CODE OWN _____ RENT _____							
SPOUSE'S ADDRESS IF DIFFERENT		APT #	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY MOVE IN DATE _____ MOVE OUT DATE _____						
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY				MTHLY PMT. \$	HOME PHONE + AREA CODE OWN _____ RENT _____							
EMPLOYMENT HISTORY												
NAME OF PRESENT EMPLOYER		PHONE NUMBER + AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES							
EMPLOYMENT ADDRESS				START/END DATE	CURRENT POSITION HELD/ MONTHLY GROSS INCOME (BEFORE TAXES) \$							
NAME OF PREVIOUS EMPLOYER		PHONE NUMBER INCLUDE AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES							
EMPLOYMENT ADDRESS				START/END DATE	CURRENT POSITION HELD/MONTHLY GROSS INCOME (BEFORE TAXES) \$							
NAME OF SPOUSE'S PRESENT EMPLOYER		PHONE NUMBER INCLUDE AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES							
EMPLOYMENT ADDRESS				START/END DATE	CURRENT POSITION HELD/MONTHLY GROSS INCOME (BEFORE TAXES) \$							
NAME OF SPOUSE'S PREVIOUS EMPLOYER		PHONE NUMBER INCLUDE AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES							
EMPLOYMENT ADDRESS				START/END DATE	CURRENT POSITION HELD/MONTHLY GROSS INCOME (BEFORE TAXES) \$							
INCOME FROM ADDITIONAL SOURCES PLEASE LIST BELOW										AMOUNT \$		
ADDITIONAL INCOME NEED NOT BE DISCLOSED UNLESS SUCH INCOME IS TO BE CALCULATED FOR QUALIFICATION HEREUNDER												
FINANCIAL INFORMATION *INFORMATION BELOW IS REQUIRED FOR PROCESSING												
NAME OF BANK OR SAVINGS AND LOAN		BRANCH ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			SAVINGS ACCOUNT NUMBER		CHECKING ACCOUNT NUMBER					
(LOANS) LENDER NAME		ACCOUNT NUMBER	ADDRESS OF THE LENDER				TOTAL DEBT \$	MONTHLY PMT \$				
CREDIT CARD		ACCOUNT NUMBER			CREDIT CARD		ACCOUNT NUMBER					
AUTO #1 YEAR, MAKE, MODEL, COLOR			LICENSE PLATE #/STATE ISSUE		FINANCED THROUGH				MONTHLY PMT \$			
AUTO #2 YEAR, MAKE, MODEL, COLOR			LICENSE PLATE #/STATE ISSUE		FINANCED THROUGH				MONTHLY PMT \$			
NAME OF ADDITIONAL BANK OR SAVINGS AND LOAN		BRANCH ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			SAVINGS ACCOUNT NUMBER		CHECKING ACCOUNT NUMBER					
PERSONAL INFORMATION												
HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED?				YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER BROKEN A RENTAL AGREEMENT?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?				YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
NAME OF APPLICANTS 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	HOME TELEPHONE		STREET ADDRESS		CITY,STATE,ZIP CODE					
THE ABOVE NAMED EMERGENCY CONTACT IS AUTHORIZED TO REMOVE AND/OR STORE ALL CONTENTS OF THE DWELLEING AND/OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH ODF RESIDENT.												
I AGREE TO THE ABOVE DISCLAIMER _____						I DISAGREE TO THE ABOVE DISCLAIMER _____						

***COSIGNOR MUST FILL OUT A SEPARATE APPLICATION FORM**

HOW DID YOU HEAR ABOUT OUR COMMUNITY? _____

I UNDERSTAND THAT I AQUIRE NO RIGHTS IN THE APARTMENT UNTIL I SIGN THIS AGREEMENT AND SUBMIT A HOLDING FEE IN THE AMOUNT OF \$_____

UPON APPROVAL OF TENANCY AND THE SIGNING OF AN APARTMENT RENTAL APPLICATION, THIS FEE WILL BE CREDITED AGAINST MY RENT.

IN CONSIDERATION FOR LANDLORD HOLDING SAID APARTMENT AT THE ABOVE NAMED COMMUNITY, I HEREBY WAIVE ALL RIGHTS TO THE RETURN IN CONSIDERATION FOR LANDLORD HOLDING SAID APARTMENT, AND SAID FEE SHALL BE RETAINED AS LIQUIDATED DAMAGES IN THE EVENT I DO NOT CHOOSE TO ENTER INTO THE AGREEMENT APPLIED FOR HEREIN. PURSUANT TO STATE AND FEDERAL FAIR CREDIT REPORTING ACTS, THIS IS TO INFORM YOU THAT AN INVESTIGATION INVOLVING THE STATEMENTS MADE ON YOUR RENTAL APPLICATION FOR THE ABOVE MENTIONED APARTMENT COMMUNITY, AS WELL AS INQUIRIES REGARDING YOUR CHARACTER, GENERAL REPUTATION, MODE OF LIVING AND PERSONAL CHARACTERISTICS MAY BE INITIATED. APPLICANT HEREBY RELEASES OWNER/MANAGER, HIS/HER/ITS EMPLOYEES AND AGENTS, THE U.D. REGISTRY, INC, ITS EMPLOYEES AND AGENTS AND ANY AND ALL OTHER FIRMS OR PERSONS INVESTIGATING OR SUPPLYING INFORMATION, FROM ANY LIABILITY WHATSOEVER CONCERNING THE RELEASE AND/OR USE OF SAID INFORMATION AND FURTHER, WILL DEFEND AND HOLD THEM ALL HARMLESS FROM ANY SUIT OR REPRISAL WHATSOEVER. ALL HOLDERS, PUBLIC AND PRIVATE, OF ANY SUCH INFORMATION ARE HEREBY AUTHORIZED TO RELEASE, WITHOUT RESERVATION OR LIMITATION, ANY AND ALL SUCH INFORMATION THEY HAVE CONCERNING APPLICANT AND IN DOING SO, WILL BE ACTING ON APPLICANT'S BEHALF AT APPLICANT'S REQUEST AND WILL BE HELD BLAMELESS AND WITHOUT ANY LIABILITY WHATSOEVER. A COPY, FAX, OR OTHER REPRODUCTION OF THIS AUTHORIZATION SHALL BE AS EFFECTIVE AS THE ORIGINAL.

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 THE U.D. REGISTRY P.O. BOX 9140, VAN NUYS, CA 91409.

I/WE CERTIFY THAT, TO THE BEST OF MY/OUR KNOWLEDGE, ALL STATEMENTS ARE TRUE AND COMPLETE. I/WE AUTHORIZE THE U.D. REGISTRY TO OBTAIN ALL REPORTS AND VERIFICATIONS NECESSARY TO VERIFY ALL INFORMATION PUT FORTH IN THE ABOVE APPLICATION AND TO FURNISH ALL INFORMATION TO THE LANDLORD NAMED ABOVE. FALSE, FRAUDULENT OR MISLEADING INFORMATION MAY BE GROUNDS FOR DENIAL OF TENANCY OR SUBSEQUENT EVICTION.

NON REFUNDABLE APPLICATION FEE PAID ON THIS DATE \$_____.

APPLICANTS SIGNATURE: _____ DATE SUBMITTED: _____

APPLICANTS SIGNATURE: _____ DATE SUBMITTED: _____

AGENT FOR THIS OWNER: _____ DATE RECEIVED: _____



