

RENTAL APPLICATION

HOW TO SUBMIT RENTAL APPLICATION ("Application") TO LVL - SCREENING ("LVL")

1. **Must use BLACK INK pen to fill in this application.** Anyone 18 + years old should be screened.
2. Anyone 17 years or younger can NOT be screened or be responsible for a Lease.
3. Only (2) Applicants (18 + years old), per Application. If more than (2), fill in an extra Application.
4. Application Fee \$ Amount : **1-Person = \$60 , 2-People = \$120 , 3-People = \$180 , 4-People = \$240**
5. Application Fee Payment Options : **Cash, Check, Cashier's Check, Money Order or Credit/Debit Card.**
6. Drop Off everything in a Sealed Envelope to: **11700 W Charleston Blvd, # 170-665, Las Vegas, NV 89135**
< OR > Scan in (PDF) and email to: LVLScreening@Gmail.com < OR > Fax to: 888-609-8561
7. Make application fee payable to : **LAS VEGAS LANDLORD.** Need Application Instructions Call: 702-628-8826
 - ❖ (4) copies of **pay stubs** per Applicant (PDF). ❖ Initial, Sign, Date and Time on Application
 - ❖ **COLOR** copy of Applicant(s) **DL/ID** (PDF). ❖ Application Form (PDF or **ORIGINAL**).
 - ❖ Copy of Applicant(s) **SS Card, W-2 or 1040** (PDF). ❖ Pay Application Fee, Per Person

[Step-1] WHAT RENTAL PROPERTY ARE YOU APPLYING FOR ?

STREET ADDRESS _____ , CITY _____ , STATE _____ ZIP CODE _____
Move-In Date: _____ Security Deposit \$ _____ Key Deposit \$ _____
Rent \$ _____ / Month Pet Deposit \$ _____ Cleaning Deposit \$ _____

Check with Landlord for RENT and DEPOSIT \$Amounts, plus what Payment Types Landlord is accepting.

[Step-2] APPLICANT-1 (choose one) Future Tenant (18 + Yrs Old) < OR > Future Occupant (18 + Yrs Old)

Name: _____ SSN# _____
NEED COPY OF SS CARD, W-2 OR 1040

If Female, Provide Your Maiden Name: _____

ID# / DL# _____ State _____ Birth Date: _____
NEED COPY OF STATE DRIVERS LICENSE OR ID CARD

Phone: _____ Email: _____

Do you have Liquid Filled Furniture? No Yes Do you smoke? No Yes
If Yes, Furniture Type: _____

CURRENT RESIDENCE

Choose One: Own Rent [LWR] Live with Relatives [LWF] Live with Friends

Complex/Landlord Name _____ \$ _____
Monthly Rent

STREET ADDRESS _____ , CITY _____ , STATE _____ ZIP CODE _____

Phone: _____ Fax: _____ How Long? _____ YEARS _____ MONTHS

Complex/Landlord Email: _____

Rented Under Different Name? No < OR > Yes If Yes, Name: _____

Reason for Leaving: _____

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PREVIOUS RESIDENCE

Choose One: Own Rent [LWR] Live with Relatives [LWF] Live with Friends

Complex/Landlord Name _____ \$ _____
Monthly Rent

STREET ADDRESS _____ ' CITY _____ ' STATE _____ ZIP CODE _____

Phone: _____ Fax: _____ How Long? _____ YEARS _____ MONTHS

Complex/Landlord Email: _____

Rented Under Different Name? No < OR > Yes If Yes, Name: _____

Reason for Leaving: _____

CURRENT Employer Name: _____

STREET ADDRESS _____ ' CITY _____ ' STATE _____ ZIP CODE _____

Employed As: _____ Manager Name: _____

Monthly NET Income: \$ _____ Paid Every: Week 2 Weeks Month < OR > By Project

Phone: _____ Fax: _____ How Long? _____ YEARS _____ MONTHS

Employer Email: _____

NO 2nd JOB < OR > **YES, 2nd JOB** Employer Name: _____

STREET ADDRESS _____ ' CITY _____ ' STATE _____ ZIP CODE _____

Employed As: _____ Manager Name: _____

Monthly NET Income: \$ _____ Paid Every: Week 2 Weeks Month < OR > By Project

Phone: _____ Fax: _____ How Long? _____ YEARS _____ MONTHS

Employer Email: _____

BANK NAME _____ **ACCOUNT #** _____ **ROUTING #** _____ **CHECKING** **SAVINGS**

Ever Filed **Bankruptcy**? Yes No Ever Been **Evicted**? Yes No

Ever Paid **Rent Late**? Yes No Ever **Convicted** of a Crime? Yes No

VEHICLE-1 Make: _____ Model: _____ Color: _____ Year: _____

License Plate#: _____ License Plate State _____

VEHICLE-2 Make: _____ Model: _____ Color: _____ Year: _____

License Plate#: _____ License Plate State _____

EMERGENCY: _____
CONTACT PERSON NAME RELATION TO APPLICANT PHONE

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[Step-3] **APPLICANT-2** (choose one) Future Tenant (18 + Yrs Old) < OR > Future Occupant (18 + Yrs Old)
< OR > **NO APPLICANT-2 WILL BE LIVING THERE. (IF CHECKED, GO TO TENANTS / OCCUPANTS [STEP-4])**

Name: _____ SSN# _____
NEED COPY OF SS CARD, W-2 OR 1040

If Female, Provide Your Maiden Name: _____

ID# / DL# _____ State _____ Birth Date: _____
NEED COPY OF STATE DRIVERS LICENSE OR ID CARD

Phone: _____ Email: _____

Do you have Liquid Filled Furniture? No Yes
If Yes, Furniture Type: _____

Do you smoke? No Yes

CURRENT RESIDENCE SAME as APPLCANT-1 (if checked, go to PREVIOUS RESIDENCE) < OR > Fill in info below

Choose One: Own Rent [LWR] Live with Relatives [LWF] Live with Friends
Complex/Landlord Name _____ \$ _____
Monthly Rent

STREET ADDRESS _____ ' _____ CITY _____ STATE _____ ZIP CODE _____
Phone: _____ Fax: _____ How Long? _____ YEARS _____ MONTHS

Complex/Landlord Email: _____

Rented Under Different Name? No < OR > Yes If Yes, Name: _____

Reason for Leaving: _____

PREVIOUS RESIDENCE SAME as APPLCANT-1 (if checked, go to CURRENT Employer) < OR > Fill in info below

Choose One: Own Rent [LWR] Live with Relatives [LWF] Live with Friends
Complex/Landlord Name _____ \$ _____
Monthly Rent

STREET ADDRESS _____ ' _____ CITY _____ STATE _____ ZIP CODE _____
Phone: _____ Fax: _____ How Long? _____ YEARS _____ MONTHS

Complex/Landlord Email: _____

Rented Under Different Name? No < OR > Yes If Yes, Name: _____

Reason for Leaving: _____

CURRENT Employer Name: _____

STREET ADDRESS _____ ' _____ CITY _____ STATE _____ ZIP CODE _____

Employed As: _____ Manager Name: _____

Monthly NET Income: \$ _____ Paid Every: Week 2 Weeks Month < OR > By Project

Phone: _____ Fax: _____ How Long? _____ YEARS _____ MONTHS

Employer Email: _____

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NO 2nd JOB < OR > **YES, 2nd JOB** Employer Name: _____

STREET ADDRESS _____ ' _____ ' _____ STATE _____ ZIP CODE _____

Employed As: _____ Manager Name: _____

Monthly NET Income: \$ _____ Paid Every: Week 2 Weeks Month < OR > By Project

Phone: _____ Fax: _____ How Long? _____ YEARS _____ MONTHS

Employer Email: _____

_____ BANK NAME _____ ACCOUNT # _____ ROUTING # _____ CHECKING SAVINGS

Ever Filed **Bankruptcy**? Yes No Ever Been **Evicted**? Yes No

Ever Paid **Rent Late**? Yes No Ever **Convicted** of a Crime? Yes No

VEHICLE-1 Make: _____ Model: _____ Color: _____ Year: _____

License Plate#: _____ License Plate State _____

VEHICLE-2 Make: _____ Model: _____ Color: _____ Year: _____

License Plate#: _____ License Plate State _____

EMERGENCY: _____
CONTACT PERSON NAME _____ RELATION TO APPLICANT _____ PHONE _____

[Step-4] TENANTS / OCCUPANTS

What is the TOTAL number of Persons that will be living at the Property? _____ [Ex-1: (2) Tenants + (4) Occupants = (6) TOTAL]

[Ex-2: If there are 2 adults (18 + yrs old) and 4 kids (17 - yrs old) then the TOTAL number is 6 Persons.]

NO one else (18 + Yrs Old) will be living there, past the APPLICANT(S) above.

< OR >

In addition to the APPLICANT(S) above, the following Occupants (18 + Yrs Old), will also be living there.

DO NOT put any child (17 – yrs old) information below, ONLY 18 + Yrs Old. Fair Housing Act (FHA) (42 U.S. Code § § 3601-3619 and 3631)

OCCUPANT NAME _____ RELATION TO APPLICANT _____ OCCUPATION / JOB TITLE _____ OCCUPANT PHONE _____

OCCUPANT NAME _____ RELATION TO APPLICANT _____ OCCUPATION / JOB TITLE _____ OCCUPANT PHONE _____

OCCUPANT NAME _____ RELATION TO APPLICANT _____ OCCUPATION / JOB TITLE _____ OCCUPANT PHONE _____

OCCUPANT NAME _____ RELATION TO APPLICANT _____ OCCUPATION / JOB TITLE _____ OCCUPANT PHONE _____

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[Step-5] PETS / ANIMALS

No Pets or Animals will be living there. < OR > The following Pets or Animals will live there.

** If Service, Therapy or Emotional Support Animals, Tenant MUST attach: 1) doctor's letter indicating animal is required; and 2) animal's health records. Pets and Animals can NOT be disturbing, threatening others or destructive.

Failure by any applicant to declare/disclose or attempt to hide/deceive from Landlord, at the time of rental application submittal for consideration, regarding a pets and animals, is an immediate DENIAL of rental application.

_____ ANIMAL NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ BREED / TYPE	_____ WEIGHT lbs.
	NORMAL DOG	SERVICE DOG	THERAPY DOG	EMOTION SUPPORT ANIMAL		
_____ ANIMAL NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ BREED / TYPE	_____ WEIGHT lbs.
	NORMAL DOG	SERVICE DOG	THERAPY DOG	EMOTION SUPPORT ANIMAL		
_____ ANIMAL NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ BREED / TYPE	_____ WEIGHT lbs.
	NORMAL DOG	SERVICE DOG	THERAPY DOG	EMOTION SUPPORT ANIMAL		
_____ ANIMAL NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ BREED / TYPE	_____ WEIGHT lbs.
	NORMAL DOG	SERVICE DOG	THERAPY DOG	EMOTION SUPPORT ANIMAL		

If other than Dog, Explain: _____

DISCLOSURE / AUTHORIZATION

Owner, Property Manager, and Las Vegas Landlord (LVL, Landlord's Agent) (hereafter "Landlord")

1. Applicant(s) understand(s) that he/she has NO rights to the premises/property until: i) a written lease is executed by both parties; ii) deposits have been paid in full or a deposit payment schedule plan has been executed by both parties; and iii) rent has been paid in full prior to taking possession of the premises/property.
2. Applicant(s) also understand(s) that, if a portion of the rent is to be paid by Section-8, he/she will NOT obtain possession of premises/property until: i) Section-8 has completed its inspections; ii) Section-8 has executed a written contract with the Landlord; iii) Applicant(s) has executed a written lease with the Landlord; iv) Applicant(s) pay their portion of the rent past what Section-8 portion will pay; and v) Applicant(s) MUST pay all deposits in FULL, any sewer/trash, utilities, phone, cable and satellite as Section-8 does not pay for this.
3. Applicant(s) understand(s) that: i) any missing or blank information will cause a delay in validation or rejection or denial; and ii) any false, withheld, hidden or deceptive information or wrong written statements made within this application, regardless of interpretation, understanding, language or translation, is an automatic denial.
4. Applicant(s) understand(s) that: i) all information collected by Landlord during screening process will ONLY be provided to future Landlord for review, regardless of whom pays for it; and ii) applicant(s) are not entitled to, shall not receive a copy of, nor will be provided any information, documentation, etc. from the screening process.
5. Applicant(s) understand(s) that after screening, the information contained within this application, if application is approved, will be used in generating a lease and any additional addendums as required.
6. Applicant(s) understand(s) that Landlord will not be bound to any representations, promises, intentions or assumptions, regardless whether written or verbal, unless contained in a fully executed lease.

RENTAL APPLICATION

DISCLOSURE / AUTHORIZATION (Continued)

Owner, Property Manager, and Las Vegas Landlord (LVL, Landlord's Agent) (hereafter "Landlord")

7. Applicant(s) hereby holds Landlord harmless from any damages, liabilities, injuries, claims, suits, etc. caused directly or indirectly from the release of this information to Landlord.
8. Applicant(s) understand(s) that if he/she forgets to: i) initial each page; or ii) input date; or iii) input time; or iv) indicated am or pm, that it does NOT void the terms of the application submitted, if Applicant(s) has signed.
9. Applicant(s) understand(s) that: i) any documents submitted with the application will NOT be returned; and ii) any application fees paid are nonrefundable and nontransferable (regardless of outcome, to include but not be limited to: accepted, rejected, denied, unverifiable, unreadable, incomplete, etc.).
10. Applicant(s): i) AUTHORIZE(s) all Current and Previous Landlord(s) and Employer(s), all Courts, all Credit Bureaus, all Law Enforcement Agencies and all Military/Government Agencies to release all information pertaining to Applicant(s) to Landlord; and ii) grants permission for Landlord to perform an identity validation, criminal, civil, credit, traffic, bankruptcy, residence and employment check of any databases, references, contact and speak with any personnel, fax and email any personnel, available to validate applicant(s) information.
11. Applicant(s) understand(s) and agrees to pay for any additional fees, in advance, that is required for the release of information. Failure to pay additional fees could result in grounds for denial.

[Step-6] DECLARATION and AUTHORIZATION

BY SIGNING, Applicant(s) declare(s) that he/she understands and authorizes all parts of this application. Applicant(s) further acknowledge that screening can take up to three (3) business days, not including date of submittal, no weekends and no holidays.

Applicant, Sign x _____ Date: _____ Time: _____ am / pm

Print/Spell Applicant's Name: _____

Applicant, Sign x _____ Date: _____ Time: _____ am / pm

Print/Spell Applicant's Name: _____

**** Fill in, Print, Initial bottom of each page, Sign, Date and Time this page. Drop Off or Fax or Email to LVL.**

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MILITARY, GOVERNMENT, SPOUSE, CONTRACTOR DECLARATION ["MGSCD"]

Title 18, US Code Part 1, Chapter 33, Section 701. No photocopies of government identifications. All military, military spouses and government personnel MUST present proof of DoD ID at lease signing.

**** Must use BLACK ink pen to fill in this application.**

APPLICANT-1 MGSCD STATUS (Sign, Date and Time below)

NO, I am NOT in the Military, a Military/Government Spouse, Employee or Contractor.

< OR > **YES**, DoD ID# / CAC ID# / Military ID#: _____.

<u>ARMY</u>	<u>NAVY</u>	<u>AIR FORCE</u>	<u>MARINE CORPS</u>	<u>COAST GUARD</u>	<u>GOVERNMENT</u>
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> EMPLOYEE
<input type="checkbox"/> RESERVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACTOR
<input type="checkbox"/> NATIONAL GUARD		<input type="checkbox"/> NATIONAL GUARD			

RANK _____ / PAY GRADE _____ MOS# _____ / MOS TITLE _____

COMMAND STREET ADDRESS _____, CITY _____, STATE _____, ZIP CODE _____

COMMAND PHONE _____ UNIT CO RANK _____ UNIT CO NAME _____

APPLICANT-2 MGSCD STATUS (Sign, Date and Time below)

NO, I am NOT in the Military, a Military/Government Spouse, Employee or Contractor.

< OR > **YES**, DoD ID# / CAC ID# / Military ID#: _____.

<u>ARMY</u>	<u>NAVY</u>	<u>AIR FORCE</u>	<u>MARINE CORPS</u>	<u>COAST GUARD</u>	<u>GOVERNMENT</u>
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> EMPLOYEE
<input type="checkbox"/> RESERVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACTOR
<input type="checkbox"/> NATIONAL GUARD		<input type="checkbox"/> NATIONAL GUARD			

RANK _____ / PAY GRADE _____ MOS# _____ / MOS TITLE _____

COMMAND STREET ADDRESS _____, CITY _____, STATE _____, ZIP CODE _____

COMMAND PHONE _____ UNIT CO RANK _____ UNIT CO NAME _____

BY SIGNING, Applicant(s) (he/she/they) declares that: 1) all information above is true and correct; 2) understands this MGSCD; and 3) authorizes the validation/release of all non-classified military/government/spouse/contractor personnel information to Las Vegas Landlord ("LVL") and future Landlord only for validating personnel's identity.

Applicant, Sign x _____ Date: _____ Time: _____ am / pm

Print/Spell Applicant's Name: _____

Applicant, Sign x _____ Date: _____ Time: _____ am / pm

Print/Spell Applicant's Name: _____

RENTAL APPLICATION

**** ONLY INCLUDE THIS PAGE, IF YOU HAD AN AGENT SHOW YOU THE PROPERTY.**

SHOWING AGENT INFORMATION

**** Must use BLACK ink pen to fill in this application.**

SHOWING AGENT INFORMATION: The Agent that showed the Premises to the Applicant(s) is a: *(please indicate the type of agent you are below.) Agent MUST check with the Landlord for any Referral Fee amount, if any, to be paid upon execution of a lease by both parties. If both parties fail to execute a lease then Agent does NOT receive a Referral Fee, if any.*

Referral Fee Amount Indicated On Listing: \$ _____ < OR > NO Referral Fee

Website for Referral Fee: www. _____
Example: www.realtor.com/ID#123456/3245gpt

Showing State Licensed RE Agent. (person LICENSED by a State Real Estate [RE] Division)

RE Agent License# _____ RE Agent Name: _____

Broker's Company Name: _____

Broker License# _____ Broker Name: _____

NOTE: State Licensed RE Agent is REQUIRED to submit the following, if a Referral Fee is indicated by Landlord:

- 1) a COLOR copy of Licensed Agent's DL or ID Card;
- 2) Licensed Agent's IRS W-9 form; and
- 3) AARR form is REQUIRED to get paid by Landlord. AARR form can be obtained from the website: WWW.LVLEVICTIONS.COM

<< OR >> ----- << OR >> ----- << OR >> ----- << OR >> ----- << OR >> ----- << OR >> -----

Showing Independent Agent. (person WITHOUT a State RE license)

Note: Independent Agent is required to submit to the Landlord the following, if a Referral Fee is indicated by Landlord:

- 1) a COLOR copy of Independent Agent's DL or ID Card;
- 2) Independent Agent's IRS W-9 form; and
- 3) IARR form is REQUIRED to get paid by Landlord. IARR form can be obtained from the website: WWW.LVLEVICTIONS.COM

**** ONLY INCLUDE THIS PAGE IF YOU HAD AN AGENT SHOW YOU THE PROPERTY.**

**** Fill in, Print, Initial bottom of each page, Sign, Date and Time this page. Drop Off or Fax or Email to LVL.**

RENTAL APPLICATION

SCREENING PAYMENT AUTHORIZATION and INFORMATION

- ** ONLY INCLUDE THIS PAGE IF YOU ARE PAYING BY CREDIT OR DEBIT CARD.
- ** Payment is **REQUIRED** before any services performed. Please choose one of the options below.
- ** Las Vegas Landlord ("LVL") = Screening and Eviction Company for Landlord.
- ** All Fees, Charges, etc. are Nonrefundable and Nontransferable Regardless of Outcome.
- ** **Must use BLACK ink pen to fill in this payment authorization.**

OPTION-1. Cash (Hand delivery only, DO NOT mail cash). *No Service Charge.*

OPTION-2. Check / Cashier's Ck / Money Order (payable to **Las Vegas Landlord**). *No Service Charge.*

OPTION-3. Zelle { [go to www.zellepay.com](http://www.zellepay.com) } (use: lvlscreening@gmail.com). *No Service Charge.*

OPTION-4. Credit / Debit Card (Visa, MasterCard, Amex, Discover). **Service Charge.**

This payment option has a 5% service charge, added to the payment, for all Credit and Debit card payments. (Ex: If bill is \$60 + \$3 [5% Service Charge] = Total Bill Charged is \$63).

CREDIT/DEBIT CARD AUTHORIZATION: By providing my Credit/Debit card payment information below, whether: i) by email, fax, or in person (with signature); or ii) over the phone (no signature, verbal authorization) that I authorize LVL to charge my credit/debit card for the nonrefundable and nontransferable application fee plus service charge, regardless of the outcome:

Property: _____
Rental Property Street Address, City, State, Zip Code

Charge My Credit/Debit Card for Screening	<input type="checkbox"/> \$60 = [1-Person] <OR> <input type="checkbox"/> \$120 = [2-People] <OR> <input type="checkbox"/> \$180 = [3-People] <OR> <input type="checkbox"/> \$240 [4-People] (plus a five (5%) percent Service Charge)
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Name on Card: _____ Phone: _____

Billing Zip code: _____ Email: _____

Card #: _____ Amex[3] Visa[4] MC[5] Discover[6]

Expiration: (mm / yy) _____ CVV Code: _____ (Amex = Front. Visa / MC / Discover CVV = Back.)

BY SIGNING BELOW, I AUTHORIZE LVL TO CHARGE BY CREDIT/DEBIT CARD FOR THE NONREFRUNDABLE AND NONTRANSFERABLE APPLICATION FEE PLUS SERVICE CHARGE, REGARDLESS OF THE OUTCOME.

X _____
Card Holder Signature Date

OFFICE USE ONLY [Staff to fill (hand written) in Date and Time of Call]	
Call-In Date (MM/DD/YYYY)	Call-In Time (AM / PM)
Print Staff Name _____	

** The Memo below is for Applicant's personal use and has NO bearing on this Payment Authorization.

Memo: _____

- ** ONLY INCLUDE THIS PAGE IF YOU ARE PAYING VIA CREDIT OR DEBIT CARD.
- ** Fill in, Print and Sign. Drop Off or Fax or Email to LVL.