# RESIDENTIAL RENTAL APPLICATION

**Lipparelli & Associates Inc.**

**517 Idaho Street Elko, NV 89801**

**(775) 738-0517 phone (775) 753-9846 fax**

For inquiries about the rental property, please contact Krista Tingey at:
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## RENTAL PROPERTY

1 Bedroom _____ 2 bedroom _____ 3 bedroom _____

Rental Property Address: _____, _____, NV 89801
Date of Availability:
Type of Lease Term: Month-to-Month
Monthly Rent Payment: $_____
Initial Security Deposit: $_____

## APPLICANT'S PERSONAL INFORMATION

Name: _____
Email Address: _____
Home Phone: (_____) _____ Alternative Phone: (_____) _____
Date of Birth: _____ Social Security Number: _____
DESIRED MOVE-IN DATE: _____

## CO-APPLICANT'S PERSONAL INFORMATION *(if applicable)*

Name: _____
Email Address: _____
Home Phone: (_____) _____ Alternative Phone: (_____) _____
Date of Birth: _____ Social Security Number: _____

## EMPLOYMENT DETAILS

### I. Current Employment

Employment Status: [ ] Full-Time [ ] Part-time [ ] Student [ ] Unemployed [ ] Retired

Current Employer:

_____

Supervisor's Name: _____

Phone: _____

Job Title: _____

Date Hired: _____

Monthly Income:$ _____

Other Sources of Income:

_____

_____

_____

_____

### II. Previous Employment

Previous Employer (if any): _____

Supervisor's Name: _____

Phone: _____

Job Title: _____

Period of Employment: _____

I. **Current Residence**

Current Address: _____

How long have you been residing at this address? _____

Monthly Rent: _____

Landlord's Name: _____

Landlord's Contact Number: _____

II. Reason(s) for leaving this property:

_____

_____

II. **Previous Residence** *(If applicable)*

Previous Address:

_____

How long did you stay at this address? _____

Monthly Rent: _____

Landlord's Name: _____

Landlord's Contact Number: _____

Reason(s) for leaving this property:

_____

_____

| | | |
|---|---|---|
| Have you ever been evicted from a rental residence? | Yes | No |
| Have you missed two or more rental payments in the past 12 months? | Yes | No |
| Have you ever refused to pay rent when due? | Yes | No |

If you have answered YES to any of the above, please state your reasons and/or circumstances:

_____

_____

_____

## PERSONAL REFERENCES

1. NAME: _____ RELATIONSHIP:_____
   PHONE NUMBER:_____
2. NAME: _____RELATIONSHIP:_____
   PHONE NUMBER: _____
3. NAME: _____ RELATIONSHIP: _____
   PHONE NUMBER: _____

## ADDITIONAL INFORMATION

### I. PETS

The Landlord does not allow pets in the rental property.

### II. SMOKING

The Landlord does not allow smoking of cigarettes or marijuana in the rental property.

### III. WATERBEDS

The Landlord does not allow the use of waterbeds on the premises.

### IV. PARKING

The rental property includes _____ parking space(s) for the tenant's use.
Will you bring a vehicle? Yes No

I declare that the information I have provided is true and correct, and contain no misrepresentations. If misrepresentations are found after a residential lease agreement is entered into between the Landlord and Applicant, the Landlord shall have the option to terminate the residential lease agreement and seek all available remedies.

The Applicant authorizes the Landlord to verify all references and facts, including but not limited to current and previous landlords, employers and personal references. The Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing or may result in the denial of application.

Applicant's Signature _____ Date_____

Co-Applicant's Signature _____ Date _____