



RENTAL APPLICATION

Tenant Name: _____ DOB: _____ SSC: _____

Home Phone: _____ Cell Phone: _____

Case Manager Name: _____ Case Manager Phone: _____

Desired Time of Move-In: _____ **(What day would you like to move in?)**

Desired Length of Occupancy: _____ **(How long would you like to stay?)**

Driver License #: _____

PLEASE FILL IN ALL FIELDS

Present Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at this address? _____ E-Mail: _____

Why are you moving? _____

Current Rent: _____ Current Lease Expires: _____

Present Landlord Name(s): _____ Phone: _____

Address of Landlord: _____

5-Year Residential History

Please list all of the addresses you lived in for the past 3 years:

Address	Start Date	Finish Date	Landlord's Name/ Addr. / Phone
1.			
2.			
3.			

Vehicle Information:

Make: _____ Model: _____ Year: _____ Color: _____ License Plate #: _____



RENTAL APPLICATION (continued)

Personal Reference:

1.

	Address	City/State/Zip	Phone
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Nearest Relative:	Address	City/State/Zip	Phone
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Personal Doctor:	Address	City/State/Zip	Phone
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Emergency Contact:	Address	City/State/Zip	Phone
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Additional Information:

Rate your own cleanliness on a scale of 1(least) to 5 (most): _____

Do you smoke? Yes No

- Inside your home? Yes No

- Outside of your home? Yes No

Are you willing to participate in therapy? Yes No

Have you ever been convicted of any crime? Yes No

If yes, please describe: _____

Have you ever been evicted from any tenancy? Yes No

Have you ever willfully and intentionally refused to pay rent when due? Yes No

Are you currently employed? Yes No

Place of employment _____ **Length of employment** _____

Monthly income _____

If unemployed what is your current source of income? _____

Do you know of anything which may interrupt income or ability to pay rent? Yes No

Explain? _____



I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. I understand that any false answers or statements made by me will be sufficient grounds for eviction and loss of any security deposit.

Applicant Name Print : _____ Date: _____

Applicant Signature: _____ Date: _____

Is there any additional information about yourself that you would like to share? (ex. Skills, history, likes and dislikes, previous renting experiences, knowledge of home repair, etc.) _____

Are there any amenities that you would like to have in your new home? _____

Discrimination:

It is against the law to discriminate against tenants on the basis of race, religion, national origin, age, or neighborhood racial makeup.

Email to:
Deja@risehomesnv.com or Starr@risehomesnv.com



DEPOSIT TO RESERVE ROOM

Rental Address:

Name:

Phone Number: _____

The undersigned has hereby given a deposit in the amount of Two Hundred and Fifty Dollars (\$250.00) to reserve the dwelling located at the above address for possible owner consideration of acceptance.

If prospective tenant is declined residency for any reason whatsoever, deposit is fully refundable.

In the event prospective tenant changes his/her mind about renting, deposit is NON-REFUNDABLE. We have to consider limited availability for individuals who are in need of placement.

I fully understand the above statements and agree to abide by them.

Tenant Name Print

Tenant Signature

Witness

Date