

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 Heights						(702) 214-2600			(702) 214-2605								
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- PRINT THE BLANK FORM BY CLICKING THE 'PRINT FORM' BUTTON BELOW, FILL IT OUT IN BLACK INK, AND MAIL TO US AT:

Heights Manager
LA SERENA AT THE HEIGHTS APARTMENTS
2951 Siena Heights
Henderson, NV 89052

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

Heights Manager
LA SERENA AT THE HEIGHTS APARTMENTS
2951 Siena Heights
Henderson, NV 89052

Don't forget to send the Application and Holding Fees (listed at the top of this page) with your completed form.

3- FILL OUT FORM DIGITALLY, SAVE THE FORM BY DOWNLOADING THE FORM TO YOUR COMPUTER AND EMAIL TO US AT: theheightsmanager@brprop.com AND THEN CALL US TO MAKE YOUR APPLICATION PAYMENTS OVER THE PHONE AT 702-214-2600