

APPLICATION TO RENT OR LEASE

UNIT NO _____

Occupancy Date _____

Please use separate application for each applicant.

There is a Non-refundable Application Fee payable in advance of \$35.00 per individual, \$40.00 per Married Couple.

Cash or Money Order ONLY**Personal information**

Name _____ S.S. Number _____ Drivers lic. No. _____
Present address _____ From _____ to _____
City/State/Zip _____
Landlord/agent _____ Phone _____
Previous address _____ From _____ to _____
City/State/Zip _____
Landlord/agent _____ Phone _____
Other Occupants _____ Number _____ Relationship _____ Does anyone smoke? Yes / No
Animals _____ Number _____ Type _____
Car Make _____ Year _____ Model _____ License No. _____

EMPLOYMENT INFORMATION

(If employed for less than one year, please give some information on prior occupation)

Present Occupation _____ Supervisor _____
Employer _____ Business Phone _____
Business Address _____ From _____ to _____
Type of Business _____ Monthly Gross Income _____
Prior Occupation _____ Supervisor _____
Employer _____ Business Phone _____
Business Address _____ From _____ to _____
Type of Business _____ Monthly Gross Income _____
Other Source of Income _____ Amount _____

CREDIT REFERENCES Do not fill out unless requested

Bank _____ Checking Savings Acct No. _____
Address _____ Phone No. _____
Credit Reference _____ Account Number _____
Address _____ Phone No. _____
Purpose of Credit _____ Acct Opened _____ Closed _____

PERSONAL REFERENCE

Name _____ Phone No. _____
Address _____ Relationship _____
Nearest relative _____ Phone No. _____
Address _____ Relationship _____

Please fill in all spaces.

Have you filed a petition of Bankruptcy? _____ Have you ever been evicted from any tenancy or had an eviction notice served on you? _____ Have you ever willfully and intentionally refused to pay any rent when due? _____ Have you ever been convicted of a misdemeanor or felony other than a traffic or parking violation? _____ Are you a current illegal user or addict of a controlled substance? _____ Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? _____ If yes to any of the above, please indicate date of occurrence: _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CREDIT REPORT. I agree to pay the landlord a non-refundable screening fee of \$ _____ (not to exceed 40.00 as adjusted by any increase in the CPI from January 1, 2008). I understand that I am entitled to a copy of any consumer credit report obtained by the Landlord. I further agree that the Landlord may terminate any agreement entered into in reliance on any misrepresentation made above.

Applicant _____ Phone _____ Fax _____ Date _____

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Dickson
R E A L T Y

Dickson Realty

F A X C O V E R S H E E T

TO:	FROM: Chris Johnson, Property Manager
FAX:	PHONE: 775-850-3106
DATE:	# PAGES: including cover
RE: Tenant History For:	
Address:	From: To:
Release of information approved by previous tenant.	
X _____	Name _____

PLEASE FAX BACK TO 775-850-7011 Thank you for faxing back.

1. Any late rent payments? Yes No How many?

2. Any NSF checks? Yes No How many?

3. Deposit refunded? Yes No Partial

4. Was proper notice to vacate given? Yes No

5. Condition property left in? Excellent Good Fair Poor

6. Any pets? Yes No what kind?

7. Would you rent to him/her again, if qualified?

8. Other comments:

Thank you,

Chris Johnson
Property Manager



Reno/Sparks Association of REALTORS® Credit Report Authorization Form

The undersigned hereby authorizes the REALTOR® office specified below to run a credit report. I understand that the report will be obtained solely for the purpose of tenant screening. In the event of an adverse action based on the credit report, I may request a copy of the credit report from TransUnion Consumer Relations, 2 Baldwin Place, PO Box 1000, Chester, PA 19022; 800-888-4213 or www.transunion.com/myoptions.

Tenant Information (*An asterisk (*) denotes required field.*)

*Name _____ *Social Security # _____ - _____ - _____
Please print

*Name _____ *Social Security # _____ - _____ - _____
Please print

Current Address

*Address _____

*City _____ *State _____ *Zip _____

Previous Address (If less than one year at current address)

Address _____

City _____ State _____ Zip _____

*Prospective Tenant Signature _____ Date _____

*Prospective Tenant Signature _____ Date _____

REALTOR® Office Information

The undersigned agrees to retain this authorization for a minimum of three (3) years from the date of inquiry.

*Agent Name _____ *Agent # _____ *Phone # _____

*Office Name _____ *Office # _____ *Fax # _____

*Agent Authorization Signature _____ *Date _____

Reno/Sparks Association of REALTORS® processes credit reports between 9:00 a.m. – 4:30 p.m. Monday – Friday. Please fax this completed form to 775-823-8805 before 4:30 p.m. for same day report. Broker must have subscription to this service. Reports cannot be processed for yourself, family members or other Reno/Sparks Association of REALTORS® members. If you have any questions contact Tony at 775-823-8800.

For Reno/Sparks Association of REALTORS® office use only.

Date processed _____ Staff initials _____

Date invoiced _____ Invoice number _____