

APPLICATION TO LEASE

The following must be completed in its entirety and verified prior to consideration for occupancy.

PLEASE PRINT

For Office Use Only								
Property Name The Circa Apartments								
Apt. #	Apt. Type							
Move-in Date:	Rent:							

PERSONAL INFORMATION							
LAST NAME	FIRST NAME			MIDDLE NAME			
Drivers License # & State	Social Security Number		Are you over 18?				
Current Phone #	Cell phone #		E-mail address				
Names of others 18 years or older who will occupy apartm	ent:	Names of others und	er 18 years of age who will o	occupy apartment:			
RESIDENTIAL HISTORY	(1 years o	f history)					
Current address (Number, Street, City, Zip)			If apartment, name of complex				
			Dates of Residency				
Rent Own	House	Apartment	Room				
To whom do you make payments? Name:			Monthly payment \$				
Address			Phone # ()				
City		State		Zip			
Previous address (Number, Street, City, Zip)		If apartment, name of com	plex				
			Dates of Residency				
Rent Own	House	Apartment	Room				
To whom did you make payments? Name:			Monthly payment \$				
Address			Phone # ()				
City		State		Zip			
EMPLOYMENT/INCOME	(1 years o	f history)					
Current Employer Self Employed			Dates of Employment				
			From:				
Address			То:				
City State	e Zip		Phone # ()				
Type of business Position			Income \$		Annually Monthly		
Presidence Francisco	•		1	'			
Previous Employer Self Employed			Dates of Employment From:				
Address			То:				
City State	e Zip		Phone # ()				
Type of business	Position		Income \$		Annually Monthly		
Other verifiable income (if needed to qualify) Desi	cription		•	<u>'</u>			
\$	οπρα ο π						
\$							
\$							



Checking: Bank and branch			Acct. #			Balance		
Savings: Bank and branch		Acct. #			\$ Balance			
Carings. Dain and Dianoi		Acct. #			\$			
Other Assets (if needed to qualify)								
Have you ever filed bankruptcy? Yes	No If y	yes, when:	ŀ	f yes, date of discha	ge			
County and state where filed:								
Have you ever had any suits, liens, judgmo	ents, evictions or repossessions?	?		Yes		No		
Describe:		County and State :			What v	ear?		
	•	County and State :						
Describe:		County and State :						
Describe:		County and State :	County and State :			What year?		
Describe:		County and State :			What y	ear?		
CURRENT FINANCIAL OBLIGATIONS (F	1	nts)						
Name	Address			Account T	ype	Amount		
						\$		
						\$		
						\$		
						\$		
						\$		
						i.		
_						 \$		
/EHICLES								
ow many vehicles do you own? cars, trucks)	Make		Year _	Licer	ise #			
	Make		Year_	Licer	ise #			
	Make		Year_	Licer	ise #			
ARKING OF RECREATION VEHICLES.	Make			Licer				
s application is made for the purped in this application is correct to are authorized to check my creect, Locate (IDL) Program" with provided to the LVMPD. Breby agree to release and hole ceedings and costs including atto ase of this information to other passets, income and financial cone of this application. I also cove od of my tenancy. Ber Nevada Revised Statutes, NF ory (or the absence thereof) abortions are: any record reflecting intelligence in the person or apartment complexes.	o the best of my knowledged it, employment, resident the Las Vegas Metropolitic days and the Las Vegas Metropolitic days and the Las Vegas Metropolitic days are seen arising out of the parties. All of the above didition is warranted to be the nant and agree to notify the seen are seen and the prospective Resignal of the Apartment of the Las Vegas days are seen as a conviction any records to be used by the Apartment of the Las Vegas days are seen as a conviction any records to be used by the Apartment of the Las Vegas days are seen as a conviction any records to be used by the Apartment of the Las Vegas Metropolitic days are seen as a conviction and the Las Vegas days are seen as a conviction a	ge. I understand that and criminal history an Police Department gement Company, it either the verification at and information strue and accurate and you of any changes ment Community and sident. What may but which pertains to a ent Community or Ma	you will re . I understant and that its agents in of the infect forth he d to fully an in the state //or Manag e released incident for	tain this applica and that this pro- upon my appro- and employees ormation containerein including, nd correctly stat- us of any of the ement Compand by any agencor which a pers-	tion whe operty pa ved mov from a ned on th out not li e my fina aforeme y may re by of crir on is cur	ther or not it is approved articipates in the "Identify re-in, my information mainly and all liability, legals application form or the mited to the statement of ancial conditions as of the entioned items during the application of criminal justice without an arrently with the system of		
a routine policy, we request any not you to know that we routinely ployees. Your granting the releas	prospective Resident to get the criminal informa	grant us a release. Vition or lack thereof f	from a pol	ice agency in c	rder to p	protect our residents an		
Applicant's Signature		Date of Birth		Today's	s Date			
		(For Criminal Backgr Check Purposes Onl						

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