



Weststates Property Management Company

RENTAL APPLICATION

PLEASE PRINT – EVERY BLANK MUST BE COMPLETED – TWO (2) FORMS OF I.D. ARE REQUIRED.

Complete Applications are recorded in order of date and time received. An applicant may be interviewed only after a completed application is received. We are an Equal Housing Opportunity company and accommodate the applicants who need assistance in filling out this application.

Complete this application and return it to: _____

I am interested in the following areas: ALL

- NEVADA PROPERTIES: Battle Mountain Beatty Caliente Carson City Dayton Elko Ely Eureka Fallon Fernley Gardnerville Hawthorne Jackpot Laughlin Lovelock Mesquite Minden Overton Pahrump Reno/Sparks Searchlight Silver Springs West Wendover Winnemucca Yerington

I am interested in the following TYPES of Properties: All Family Senior or Handicapped/Disabled regardless of age.

Do you have a Section 8 Housing Choice Voucher? Yes No

A. GENERAL INFORMATION

Applicant Name(s): _____

Mailing Address: _____

Telephone: _____ Cell phone: _____ Email: _____

Bedroom Size Requested: One Two Three Handicapped Accessible Apartment Requested: Yes No

List all persons who will be living in the apartment. List head of household first:

Table with columns: Name, Relationship, Birthday, Age, Social Security #, Sex. Rows 1-6.

Is anyone in this household a full-time student? Yes No

Has any adult member been or will be a full-time student within this calendar year? Yes No

NAMES: _____

B. ASSETS

Cash on Hand \$ _____

Checking Account(s)

Table with columns: Account Number, Bank, Balance, \$

Saving Account(s)			
Account Number	Bank	Balance	\$
Account Number	Bank	Balance	\$

Trust Account(s)			
Account Number	Bank	Balance	\$
Account Number	Bank	Balance	\$

Certificates of Deposit			
Account Number	Bank	Balance	\$
Account Number	Bank	Balance	\$

Savings Bonds			
Account Number	Maturity Date:	Value	\$
Account Number	Maturity Date:	Value	\$

IRA			
Account Number	Company:	Value	\$
Account Number	Company:	Value	\$

Real Property: Do you own any property? Yes No. If YES list type of property below.

Property: _____

Location: _____

Appraised Market Value: \$ _____

Property: _____

Location: _____

Appraised Market Value: \$ _____

Have you Sold/Disposed of ANY Property or Asset in the last 2 years? Yes No

If YES, type of Property/Asset: \$ _____

Market Value when Sold/Disposed: \$ _____

Date of Transaction: _____

Do you have any other assets not listed above (excluding personal property)? Yes No

If YES please list below: _____

C. INCOME: List all sources of Income below:

Is any member of the household employed? Yes No

Household Member	Source of Income	Hourly Rate	Hours worked per week	Gross Wages Per Week
		\$		\$
		\$		\$
		\$		\$
	Social Security Benefits:	Gross Monthly Amount:		\$
	Social Security Benefits:	Gross Monthly Amount:		\$
	Pensions:	Gross Monthly Amount:		\$
	Veteran Benefits:	Gross Monthly Amount:		\$
	SSI Benefits:	Gross Monthly Amount:		\$
	SSI Benefits:	Gross Monthly Amount:		\$
	Unemployment:	Gross Weekly Amount:		\$
	Unemployment:	Gross Weekly Amount:		\$
	AFDC (Public Assistance):	Gross Monthly Amount:		\$

Full Time Student Income: (only full time students 18 & over)		Gross Weekly Amount:	\$
Alimony Source:		Monthly Amount:	\$
Child Support Source:		Monthly Amount:	\$
Child Support Source:		Monthly Amount:	\$
Child Support Source:		Monthly Amount:	\$
Other (list):		Monthly Amount:	\$
Total Gross Monthly Income:			\$
Total Gross Annual Income <i>(Base this on the total of the monthly amounts listed above and multiply x 12)</i>			\$

EMPLOYER INFORMATION:

Head of Household:

Employer Name	Mailing Address	Phone Number	Position You Held/Hold	How Long

Do you anticipate any changes in this income in the next 12 months? Yes No

If YES please explain:

Co-Applicant:

Employer Name	Mailing Address	Phone Number	Position You Held/Hold	How Long

Do you anticipate any changes in this income in the next 12 months? Yes No

If YES please explain:

Other Member of Household:

Employer Name	Mailing Address	Phone Number	Position You Held/Hold	How Long

Do you anticipate any changes in this income in the next 12 months? Yes No

If YES please explain:

D. MEDICAL/HANDICAP ASSISTANCE EXPENSES:

Medical Costs: Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped regardless of age.

1. Monthly Medical Premium Amount:	\$
2. Medical Insurance Coverage – Name of Company:	
Address:	Amount: \$
3. Anticipated Medical/Drug/Non-Prescription costs NOT covered by Insurance NOR reimbursed:	\$
4. Medical bills or outstanding costs you are making monthly payments for: Balance Due:	\$
Monthly payments: \$ Payable to:	
5. Medical related travel costs:	\$
6. Any other medical expenses (please list type and amount on the following lines.):	
Type	Amount: \$

Handicap Assistance Expenses: Attendant care and/or apparatus expense that enables Handicapped/Disabled applicants or others in the household to work. Complete **ONLY** if handicap or disability expenses allow someone in the household to work.

List type of expenses	Paid to whom	Amount
		\$
		\$

E. CHILD CARE COSTS: Complete ONLY for children 12 years of age or younger.

1. Name(s) of Children cared for:	Age	Name(s) of Children cared for:	Age
2. Name of person/agency caring for child:			
Address of person/agency:			
3. Weekly cost for child care due to:		<input type="checkbox"/> Employment \$	<input type="checkbox"/> Education \$

F. PROGRAM INFORMATION:

1. Do you wish to request an adjustment to income as an "Elderly Household," where the tenant or co-tenant is 62 or old; handicapped or disabled regardless of age? Yes No

2. Would anyone in your household benefit from a handicapped accessible unit? Yes No

3. Have you ever been evicted from any type of housing? Yes No
 If YES, Where: _____ When: _____
 Describe reason: _____

If YES, Where: _____ When: _____
 Describe reason: _____

4. Have you ever been convicted of a felony? Yes No

5. Are you currently an illegal user of a controlled substance? Yes No

6. Ever been convicted of the illegal use, manufacture, sale, distribution or possession of a controlled substance? Yes No

7. Have you successfully completed a controlled substance abuse recovery program or are presently enrolled in such a program? Yes No

8. Are any household members subject to Lifetime Sex Offender Registration? Yes No
 If YES, please list all states you have resided in:

9. Are you now or will you become a part-time or full-time student prior to move-in? Yes No

10. How did you hear about this housing? _____

G. REFERENCE INFORMATION:

Current Landlord:

Address: _____

Home Phone: _____ Business Phone: _____

Previous Landlord:

Address: _____

Home Phone: _____ Business Phone: _____

Previous Landlord:

Address:

Home Phone:

Business Phone:

H. PERSONAL NON-RELATED REFERENCES:

1.	Name:	Phone:
	Address:	
		Years of Acquaintance:
2.	Name:	Phone:
	Address:	
		Years of Acquaintance:
3.	Name:	Phone:
	Address:	
		Years of Acquaintance:
	In case of an emergency notify:	Phone:
	Alternate emergency contact:	Phone:

I. OTHER REQUIRED INFORMATION:

Vehicles: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle	Year/Make	Color	License Plate Number
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Please provide the Driver's License #'s associated with these vehicles:

Name	Driver's License #	State	Expiration
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J. PETS

Do you own any pets? Yes No. If yes describe: _____

Please check whether this animal is a pet or a service/companion animal

Note: *Except in designated elderly projects, pets are not allowed unless in the event of a service/companion animal for persons with disabilities (subject to verification of disability status).*

CERTIFICATION & AUTHORIZATION

I/We hereby certify that: I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on one or a combination of the following, USDA-Rural Development, LIHTC, HUD, HOME income limits and by tenant selection criteria. I/We certify that all information in this application is true and correct to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We do certify that we are eligible and are natural born/naturalized or resident aliens who are and/or do conform to any and all United States Resident housing rules and guidelines set forth or by USDA-Rural Development, LIHTC, HUD and or HOME criteria respective of affected housing for which I/We are applying. Furthermore, I/We do hereby authorize Weststates Property Management Company and its staff or authorized representative to contact any agencies, local police departments, offices, individuals, group or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our application for housing in programs administered/managed by Weststates Property Management Company.

SIGNATURE(S):

Applicant	Dated
Co-Applicant	Dated
Co-Applicant	Dated

“The information regarding race, national origin and sex designation solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through the United States Department of Agriculture, Rural Development (RD), that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, disability, familial status, marital status, age (provided the borrower has the capacity to enter into a binding contract), because all or a part of the applicant’s income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act, are complied with. You are not required to furnish this information but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”

Applicant – Head of Household

Race: _____ Ethnic Group: _____ Sex M F

Co-Applicant

Race: _____ Ethnic Group: _____ Sex M F

Co-Applicant

Race: _____ Ethnic Group: _____ Sex M F

AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION OF RESIDENCY

DECLARATION

I, _____ (sign your name) hereby declare, under penalty of perjury, that I am
 (print or type first name, middle initial, last name):

- 1. A citizen or national of the United States
- 2. A noncitizen with eligible immigration status as documented below. (Attached copy must be provided):

Admission Number: _____ or Alien Registration Number: _____

I hereby authorize Weststates Property Management Company, and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer/criminal report to be generated for the purpose of initial qualification, certification for residency, re-certification for residency and/or termination/eviction, retention as a resident and if need be to assist in the collection of monies owed to Weststates Property Management Company by virtue of rent, utilities, damage fees, court costs and legal fees. I understand that the scope of the consumer report/investigative consumer/criminal report may include, but is not limited to the following areas: Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal state county jurisdictions, birth records, motor vehicle records to include citations and registration and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any residency decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for residency, qualification, certification, re-certification, termination/eviction, retention as a resident and if need be to assist in the collection of monies owed to Weststates Property Management Company by virtue of rent, utilities, damage fees, court costs and legal fees. This authorization and consent shall be valid in original, fax and copy form.

I hereby release Weststates Property Management Company, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company residency regulations.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Name: (print)

First Middle (full name) Last Maiden

Print All Former Names Used:

1. _____

2. _____

3. _____

Social Security Number: - - Sex: Race:
Date of Birth: / / Phone: - - Cell: - -

Current Street Address:

City: State: Zip:

Drivers License Number: State of Issue:

May we contact your employers: Y N

Comments: _____

Residences in the previous 10 years (City & State)

City: State:

City: State:

City: State:

Applicant's Signature

Date

Please return the completed application to the address listed at the beginning of the application. If there is no address listed you may send it to the following.

Corporate Office:

Weststates Property Management Company
PO Box 2688
Elko, NV 89803

Phone: 775-738-8000

Fax: 775-738-2919

TTY (Hearing Impaired) 775-778-0889

Email: reception@weststates.org

Web: www.weststatespropertymanagement.com