



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 Carson City Dayton Elko Ely Eureka Fallon Fernley
 Gardnerville Jackpot Laughlin Lovelock Mesquite Minden Overton Pahrump Reno Searchlight
Silver Springs Tonopah West Wendover Winnemucca Yerington
UTAH PROPERTIES Tooele
I am interested in the following TYPES of Properties: All Family Senior or Handicapped/Disabled regardless of age.

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:

Name	Relationship	Birthday	Age	Social Security #	SEX
1.					<input type="checkbox"/> M <input type="checkbox"/> F
2.					<input type="checkbox"/> M <input type="checkbox"/> F
3.					<input type="checkbox"/> M <input type="checkbox"/> F
4.					<input type="checkbox"/> M <input type="checkbox"/> F
5.					<input type="checkbox"/> M <input type="checkbox"/> F
6.					<input type="checkbox"/> M <input type="checkbox"/> F

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)
Account Number _____ Bank _____ Balance \$ _____
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 Base this on the monthly amounts listed above and multiply x 12) \$		

EMPLOYER INFORMATION:

Head of Household:

Employer Name	Mailing Address	Phone Number	Position You Held/Hold	How Long
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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 other 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: Employment \$ _____ 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: _____

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

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

Please provide the Drivers License #'s associated with these vehicles:

Name	Drivers License #	State	Expiration

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 ruminant 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, _____ 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: adassist@weststates.org

Web: www.weststatespropertymanagement.com