

Apartment Complex/Landlord Name **EUGENE BURGER** Phone # **775-828-3664**

Landlord Protection Service



**This application must be completed in full to assure prompt processing. Co-tenants other than the spouse must use separate applications.

PLEASE INDICATE SERVICE REQUESTED: FULL REPORT _____ **MINI REPORT** _____ **OTHER** _____
 Projected Other Lease
 Apartment# _____ Move in Date _____ Rent Amount _____ Amount _____ Term _____

Applicant's Last Name (Please Print)			First	Middle	Birth date	Social Security Number				
Spouse's Last Name (Please Print)			First	Middle	Birth date	Social Security Number				
Applicant's Telephone No.		Applicant's Driver's Lic. No.			State	Spouse's Diver's Lic. No.		State		
Other persons to occupy rental property:	FULL NAME		SS#	RELATIONSHIP TO APPLICANT	DOB	FULL NAME		SS#	RELATIONSHIP TO APPLICANT	DOB
	1.					2.				
	3.					4.				

RENTAL HISTORY

APPLICANTS Present Address	Apt #	City	State	Zip	How Long	Own	Landlords day #	Monthly Rent Paid: \$
Name and Address of Present Landlord ___Mortgage Co ___Apartment Community ___Other							Landlords evening #	
APPLICANTS Previous Address	Apt #	City	State	Zip	How long	Own	Landlords day #	Monthly Rent Paid \$
Name and Address of Previous Landlord ___Mortgage Co ___Apartment Community ___Other								

EMPLOYMENT HISTORY

APPLICANT Employed By	Department	Supervisor's Name			How Long	
Address	City	state	zip	Phone	Position Held	Salary
Previous or 2nd Employment	Department	Supervisors Name			How Long	
Address	City	State	Zip	Phone	Position Held	Salary
Spouse Employed By	Department	Supervisors Name			How Long	
Address	City	State	Zip	Phone	Position Held	Salary

CREDIT & LOAN REFERENCES

Auto # 1 (year, make, model, color)	License Plate #	State	Payments made to	Monthly Payment
Auto # 2 (year, make, model, color)	License Plate #	State	Payments made to	Monthly Payment
Loans	Account #	Address		Total Debt
Bank	Branch	Checking Account #		Savings Account #

IMPORTANT INFORMATION

Name of Applicants Nearest Relative	Relationship	Address	City	State	Zip	Phone
Name of Applicants Next Nearest Relative	Relationship	Address	City	State	Zip	Phone
EMERGENCY CONTACT	Relationship	Address	City	State	Zip	Phone
Personal Reference	Relationship	Address	City	State	Zip	Phone

Ever been evicted or given notice to vacate? YES NO Ever been convicted of a crime? YES NO

If you've answered yes to either of the above questions, please explain: _____

Date of bankruptcy

Ever filed for bankruptcy? YES NO Do you smoke? YES NO

NON-REFUNDABLE APPLICATION PROCESSING FEE \$ _____

In compliance with the Fair Credit Reporting act, we are informing you that information as to your character, general reputation and mode of living will be verified. I, as the prospective tenant agree that facts set forth in this application are true and complete, and that a complete investigation of all on this application will not constitute invasion of privacy. I authorize Landlord Protection service to obtain credit reports, bank information, employment information, and/or character reports as necessary. I authorize my employers and references to release such information as necessary. LPS has my permission to release information found in screening. I understand that any misrepresentation will be sufficient cause for dismissal or voiding of this application. False, fraudulent or misleading information may be grounds for denial of tenancy, or subsequent eviction. You have the right to dispute the accuracy of the information reported and upon written request, the right to obtain a copy of any and all reports obtained during the screening process of your application.

I understand that I acquire no rights to the rental property until a fully executed rental agreement has been completed and all monies due have been paid. I certify that to the best of my knowledge, all statements are true and complete.

Applicant Signature

Date

Applicant Signature

Date