



# Keller n' Jadd Realty & Management

2445 W. Horizon Ridge Parkway, Suite 100  
Henderson, NV 89052  
Phone: (702) 400-6000 Fax: (702) 315-1944  
Vegas4rent.com

## APPLICATION TO RENT

APPLICATION DATE: \_\_\_\_\_ MOVE-IN DATE: \_\_\_\_\_  
RENTAL ADDRESS: \_\_\_\_\_  
RENTAL AMOUNT: \$ \_\_\_\_\_ SECURITY DEPOSIT: \$ \_\_\_\_\_ (REFUNDABLE)

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**NON-MARRIED APPLICANTS MUST COMPLETE SEPARATE APPLICATION**  
APPLICATION FEE IN CERTIFIED FUNDS IS \$50.00 Single \$75.00 Couples APPLICATION (NON-REFUNDABLE)

APPLICANT NAME \_\_\_\_\_ SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
APPLICANT 2/SPOUSE: \_\_\_\_\_ SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

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**LIST OF CHILDREN/DEPENDANTS AND OTHERS WHO WILL OCCUPY THE PREMISES:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
EMERGENCY PHONE # \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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**APPLICANTS LAST TWO (2) PLACES OF RESIDENCE:**

**CURRENT**

LANDLORD'S NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
RENTED: \_\_\_\_\_ OWNED: \_\_\_\_\_ \$ \_\_\_\_\_ PER MONTH  
REASON FOR LEAVING: \_\_\_\_\_

**PREVIOUS**

LANDLORD'S NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
RENTED: \_\_\_\_\_ OWNED: \_\_\_\_\_ \$ \_\_\_\_\_ PER MONTH  
REASON FOR LEAVING: \_\_\_\_\_

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LEASE TERM: \_\_\_\_\_ REFERRING AGENT: \_\_\_\_\_

OFFICE USE ONLY
APPROVED _____ DENIED _____
DATE: _____

**PUBLIC I.D. #:** \_\_\_\_\_

**CREDIT HISTORY**

NAME OF BANK: \_\_\_\_\_ CHECKING ACCT# \_\_\_\_\_  
SAVINGS ACCT# \_\_\_\_\_ OTHER: \_\_\_\_\_

BANKRUPTCY: \_\_\_ NO \_\_\_ YES \_\_\_ YEAR EVICTION: \_\_\_ NO \_\_\_ YES YEAR & LOCATION: \_\_\_\_\_  
CONVICTIONS: \_\_\_ NO \_\_\_ YES \_\_\_\_\_ IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

**EMPLOYMENT: AT LEAST 3 YEARS REQUIRED**

APPLICANT: \_\_\_\_\_  
CURRENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
POSITION: \_\_\_\_\_

PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
MONTHLY SALARY: \_\_\_\_\_

PRIOR: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
POSITION: \_\_\_\_\_

PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
MONTHLY SALARY: \_\_\_\_\_

APPLICANT 2 OR SPOUSE: \_\_\_\_\_  
CURRENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
POSITION: \_\_\_\_\_

PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
MONTHLY SALARY: \_\_\_\_\_

PRIOR: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
POSITION: \_\_\_\_\_

PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
MONTHLY SALARY: \_\_\_\_\_

**SELF-EMPLOYMENT: (MUST PROVIDE TWO (2) YEARS TAX RETURNS OR PROFIT & LOSS STATEMENT)**

BUSINESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
FEDERAL ID# \_\_\_\_\_ D&B# \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

**VEHICLE(S)**

YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ MAKE \_\_\_\_\_ TAG# \_\_\_\_\_ STATE \_\_\_\_\_  
YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ MAKE \_\_\_\_\_ TAG# \_\_\_\_\_ STATE \_\_\_\_\_

**ALERT, PLEASE READ CAREFULLY BEFORE SIGNING CERTIFICATION:**

I/WE THE UNDERSIGNED APPLICANT(S) DO HEREBY RELEASE THIS COMPANY FROM ANY AND ALL DAMAGE OR LIABILITIES THAT MAY RESULT FROM THE VERIFICATION, OR ATTEMPTED VERIFICATION OF INFORMATION THAT I HAVE VOLUNTARILY GIVEN ON MY/OUR APPLICATIONS. I/WE ALSO AGREE TO RELEASE FROM ALL LIABILITY ANY LANDLORD, EMPLOYER, FORMER LANDLORD OR EMPLOYER OR THEIR LEGAL REPRESENTATIVE THAT MAY SUPPLY INFORMATION TO VERIFY MY/OUR CREDIT AND PERSONAL BACKGROUND HISTORY. IT IS FURTHER UNDERSTOOD THAT A CREDIT REPORT AND COMPLETE VERIFICATION OF RENTAL, EMPLOYMENT, DMV AND CRIMINAL HISTORY (where applicable) WILL BE ISSUED BY AN INDEPENDENT AGENT (FIRST AMERICAN REGISTRY). APPLICANT(S) UNDERSTAND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED AS TO APPLICANTS CHARACTER, GENERAL REPUTATION AND MODE OF LIVING. I/WE FURTHER DECLARE THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT, AND THAT ANY FALSE INFORMATION OR STATEMENT IS GROUNDS FOR DENIAL OF RENTAL ,OR BASIS FOR EVICTION IF I/WE ARE TENANTS.

**SIGNATURES:**

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

*Keller n' Jādd Realty & Management*

APPLICATION TO RENT

Phone: (702) 400-6000 Fax (702) 315-1944

[www.vegas4rent.com](http://www.vegas4rent.com)

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COMPLETE THIS SECTION ONLY

APPLICANT IDENTIFICATION:

*APPLICANT & SPOUSE:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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*OFFICE USE ONLY – DO NOT COMPLETE*

CURRENT RESIDENTIAL HISTORY

Landlord/Complex \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

30-Day Notice Given: \_\_\_ No \_\_\_ Yes      Bad Checks: \_\_\_ No \_\_\_ Yes      # of Times: \_\_\_\_\_  
Any Late Pay: \_\_\_ No \_\_\_ Yes      # of Times      Requested to Leave: \_\_\_ No \_\_\_ Yes      Eviction: \_\_\_ No \_\_\_ Yes  
Rent Again: \_\_\_ No \_\_\_ Yes      Any Behavioral Problems: \_\_\_ No \_\_\_ Yes      Address Verified: \_\_\_ No \_\_\_ Yes  
Contact or Landlord related to applicant: \_\_\_ No \_\_\_ Yes

COMMENTS: \_\_\_\_\_  
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APPLICANT EMPLOYMENT INFORMATION:

*Applicant:*

Current Employer: \_\_\_\_\_ Wages: \_\_\_\_\_  
Contact: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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*Spouse:*

Current Employer: \_\_\_\_\_ Wages: \_\_\_\_\_  
Contact: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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*PLEASE SIGN BELOW*

I/WE AUTHORIZE THE ABOVE TO RELEASE INFORMATION TO KELLER N' JĀDD REALTY & MANAGEMENT:

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



**KELLER N'JADD**  
**PET APPLICATION REGISTRATION FORM**

**SCREENING/REGISTRATION:**

Pet owners must complete a Pet Application and Registration Form before an application can be processed. A current **PHOTOGRAPH** of the pet will be required.

**PET REGULATIONS:**

Lessee agrees that if any pets are kept on or about the premises during any part of occupancy, Lessee shall be responsible, over and above the security deposit, for all costs incurred as a result of damages caused by said animal(s), including but not limited to the cleaning, repairing, or replacing of carpets, drapes, blinds, lawn, trees, shrubs, fences, walls, of said Deposit shall be the responsibility of the Lessee and paid immediately to the Landlord/Agent upon vacating the premises. Failure to pay shall result in collection and/or legal proceedings.

Name of pet owner(s): \_\_\_\_\_

Address of property for which you are applying: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PET INFORMATION:**

Please list all pets separately:

Pets Name	Age	Breed*	Weight	Gender	Spay/Neuter?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**\*CHOW, ROTTWEILER, DOBERMAN, AKITA, AND PITBULL ARE PROHIBITED.**

Applicant represents all information on this pet application to be true and accurate and understands that the owner/manager will rely upon said information when accepting/rejecting the application. Applicant understands there is a minimum \$250.00 pet deposit per animal. Applicant has read and understands the pet regulations and promises that applicant and members of applicant's household and/or guests promise to fully comply.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

( ) Approved ( ) Rejected by: \_\_\_\_\_