

Advanced Management Group
 2775 S Rainbow Blvd, Suite 101-C
 Las Vegas, Nevada 89146
 Office 702.699.9261
 Fax 702.732.0204



Residential Rental Application

Applicant Information

Property Address Applying For:			
Move-in Date:		Monthly Rent:	
Name:		Email:	
Date of Birth:	SSN:	Phone:	
Current Address:			
Landlord name:		Landlord phone #:	
Own	Rent (Please circle)	Monthly Rent/Mortgage:	How long?
Previous Address:			
Landlord name:		Landlord phone #:	
Own	Rent (Please circle)	Monthly Rent/Mortgage:	How long?

Employment Information

Current Employer:		
Employer Address:		How long?
City:	State:	Zip:
Supervisor:	Phone:	Fax:
Position:	Hourly Salary (Please circle)	Annual Income:

Emergency Contact

Name of person not residing with you:		
Address:		
City:	State:	Zip:
Relationship:		Phone:
Name of person not residing with you:		
Address:		
City:	State:	Zip:
Relationship:		Phone:

References

Name:	Phone:
Address:	
Name:	Phone:
Address:	

All other persons (and their relationship to you) to occupy the home:

This apartment is offered "as is."

By Signing this application, I hereby authorize Advanced Management Group to run credit checks, verify employment, verify residence history and understand that criminal/eviction checks are part of the screening process.

Signature: _____ Date: _____

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Pet Application/Registration

Pet Application/Registration

We are a pet friendly community, and welcome pets less than ____ pounds. Pet owners must complete a Pet Application and Registration Form before application can be processed. Current picture of pet is required. There is a \$_____ non-refundable pet fee, and monthly pet rent of \$_____.

Pet Regulations

Tenant(s) will be responsible and will pay for any damage or destruction caused by the pet(s) to the leased premises. Such responsibility and liability of tenant(s) will include the repair of damaged items, including but not limited to the cleaning, repairing, or replacing of carpets, drapes, blinds, lawn, trees, shrubs, fences, walls, doors, and screens, to their former condition and/or replacement where necessary, in the sole opinion of the Management. Said costs shall be deducted from the Security Deposit. Failure to pay any balance due shall result in collection and/or legal proceedings.

Name of pet owner(s): _____

Rental Property Address: _____

Home Phone: _____

Work Phone: _____

Pet Information

Pet's name: _____ Age: _____

Breed: _____ Weight: _____

Spayed/Neutered: _____ Gender: _____

Pet's name: _____ Age: _____

Breed: _____ Weight: _____

Spayed/Neutered: _____ Gender: _____

Applicant represents all information on this pet application to be true and accurate. Applicant has read and understand 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: _____

Approval by Management: _____ Date: _____