



525 W. Williams Ave – Fallon, Nevada 89406  
(Office) 775-423-2131 (Fax) 775-423-3209

### **RENTAL POLICY AND RENTAL APPLICATION REQUIREMENTS**

Wallace Realty Staff DOES NOT provide transportation when showing rentals. Showings are by appointment only, if you are 15 minutes late for your appointment, you will have to re-schedule for the next available opening.

Wallace Realty Staff DOES NOT meet potential tenants or buyers at properties, all potential tenants and buyers will meet at the Wallace Realty Corp. office.

---

1. Married couples - one application  
Singles - one application for each applicant, 18 years or older
2. **A non-refundable \$35.00 application/credit report fee per application to be paid in cash/money order prior to processing.**
3. Rent may not exceed 1/3 of applicant's verifiable net income.
4. Verification of applicant's employment and income is required.
5. Verification of a minimum past (3) three years of rental history is required. If you were a home owner provide verification of ownership for past 3 years.
6. Credit reports are required for all rental units.
7. Upon application and approval a holding fee will be required within 24 hours to hold property. **PROPERTIES WITHOUT A HOLDING FEE WILL NOT BE HELD.** Holding fees are to be paid in cash or money order.
8. The holding fee is non-refundable should the applicant fail to take occupancy.
9. The tenant will be given credit for all holding fees towards the security deposit at the time of lease signing and taking occupancy of the held property.
10. The holding fee and the first months rent will be paid in cash, cashiers check, or money order. **NO PERSONAL CHECKS WILL BE ACCEPTED FOR MOVE-INS.**
11. Move-ins are by appointment only. If you are more than 15 minutes late for the appointment, you will have to re-schedule for the next available opening. At the time of your move-in you are required to have funds to pay any remaining balances due on deposits, your rent, and utility services. You are also required to contract for utility services and provide proof of such service at the time of your scheduled move-in.
12. Availability dates are not always firm. If the prior tenant has left the unit with damages, etc., or has failed to vacate, we will do our best to make the unit available as soon as possible.

\$35.00 Application & Credit Report Fee (CASH/MONEY ORDER ONLY)

1. **Rent cannot exceed 1/3 of Applicant's verifiable net income.**
2. Verification of employment and income.
3. Verification of a minimum of current and past (3) years rental history, or home ownership.
4. Credit reports are required for all rental units.
5. All application fees and fees to hold properties are non-refundable.

The undersigned hereby makes application to rent:

**APPLICANT**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
SS # \_\_\_\_\_ Driver's License \_\_\_\_\_ State \_\_\_\_\_  
Phone: work ( ) \_\_\_\_\_ home ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_  
e-mail address \_\_\_\_\_

**PLEASE GIVE RESIDENCE HISTORY FOR PAST (3) YEARS (beginning with most current)**

**Current Address:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Mo. & Yr. Moved in: \_\_\_\_\_ to \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Mo. & Yr. Moved in: \_\_\_\_\_ to \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Mo. & Yr. Moved in: \_\_\_\_\_ to \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

*(If additional rental history is required please use the back of this page)*

**Current Employer:** \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Net Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (wk, mo, yr)  
Address: \_\_\_\_\_

***If employed by above less than 1 year, please list prior employment.***

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Net Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (wk, mo, yr)  
Address: \_\_\_\_\_

***Any other sources of income you would like us to consider***

Amount \$ \_\_\_\_\_ Source: \_\_\_\_\_

**Personal References (Name, Address & Telephone numbers)**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

## CO-APPLICANT

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
SS # \_\_\_\_\_ Driver's License \_\_\_\_\_ State \_\_\_\_\_  
Phone: work ( ) \_\_\_\_\_ home ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_  
e-mail address \_\_\_\_\_

### PLEASE GIVE RESIDENCE HISTORY FOR PAST (3) YEARS (beginning with most current)

**Current Address:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Mo. & Yr. Moved in: \_\_\_\_\_ to \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Mo. & Yr. Moved in: \_\_\_\_\_ to \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Mo. & Yr. Moved in: \_\_\_\_\_ to \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

*(If additional rental history is required please use the back of this page)*

**Current Employer:** \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Net Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (wk, mo, yr)  
Address: \_\_\_\_\_

*If employed by above less than 1 year, please list prior employment.*

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Net Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (wk, mo, yr)  
Address: \_\_\_\_\_

*Any other sources of income you would like us to consider*

Amount \$ \_\_\_\_\_ Source: \_\_\_\_\_

### Personal References (Name, Address & Telephone numbers)

1. \_\_\_\_\_
2. \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

### IN ADDITION TO APPLICANT(S), OTHER PERSONS TO BE RESIDING AT PREMISES:

Name: _____	Age _____	Relationship _____
Name: _____	Age _____	Relationship _____
Name: _____	Age _____	Relationship _____
Name: _____	Age _____	Relationship _____
Name: _____	Age _____	Relationship _____

**PLEASE ANSWER ALL QUESTIONS, IF ANSWERED YES PLEASE EXPLAIN:**

- Has any Applicant ever willfully refused to pay rent when due? Yes No
- Has any Applicant ever been evicted? Yes No
- Has any Applicant ever filed bankruptcy? Yes No
- Has any Applicant ever been convicted of a gross misdemeanor or felony? Yes No
- Is any Applicant or occupant required to register or has been convicted as a sex offender? Yes No
- Does anyone in the household smoke? Yes No
- How long of a lease are you wanting? \_\_\_\_\_  
(Our houses require a 1-year lease, apartments 6 months, unless noted otherwise)
- Do you have any pets? Yes No

Number of Dogs _____	Cats _____	Other _____			
Breed _____	Weight _____	M/F _____	Spayed/Neutered	Yes	No
Breed _____	Weight _____	M/F _____	Spayed/Neutered	Yes	No
Breed _____	Weight _____	M/F _____	Spayed/Neutered	Yes	No
Breed _____	Weight _____	M/F _____	Spayed/Neutered	Yes	No

**APPLICANT VEHICLES:**

Make _____	Model _____	Color _____	License# _____	ST _____
Make _____	Model _____	Color _____	License# _____	ST _____
Make _____	Model _____	Color _____	License# _____	ST _____
Make _____	Model _____	Color _____	License# _____	ST _____

**APPLICANT(S) PLEASE READ:**

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color religion, sex, handicap, familial status or national origin.

I recognize that as a part of your procedure for processing my application, an investigation consumer report may be prepared whereby information is obtained through personal interviews with my friends, neighbors, and others whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I

understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I understand that any discrepancy or lack of information may result in the rejection of this application and that this is an application for an apartment/home and does not constitute a rental agreement in whole or part.

**THIS INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**PLEASE DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY**

Date of Application: \_\_\_\_\_ Application fee paid: ☐ Yes ☐ No

Verification of Employment: ☐ Yes ☐ No Verification of Rental History: ☐ Yes ☐ No

Credit Report ☐ Yes ☐ No Eviction Filed? ☐ Yes ☐ No

Rent Amount \$ \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_

Verified Net Income Amount \$ \_\_\_\_\_

Percentage of Income vs. Rent \_\_\_\_\_

APPROVED ☐ Yes ☐ No DATE \_\_\_\_\_ BY \_\_\_\_\_



**525 W. Williams Avenue, Fallon, NV 89406**

**Phone 775 423-2131 Fax 775 423-3209**

**Info@wallacerealtycorp.com**

**VERIFICATION OF EMPLOYMENT**

Applicant Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

I hereby authorize my employer to furnish information requested regarding my employment status to Wallace Realty Corp.

\_\_\_\_\_  
Date Signature

**EMPLOYER ONLY BELOW THIS LINE**

To Whom It May Concern:

One of your employees (named above) has applied to rent one of our properties. Please verify the following information below and return to our office as soon as possible. Your cooperation is greatly appreciated. If you have any questions, please do not hesitate to contact the Property Manager listed below.

Date of Employment

Hired Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Employee is paid: Hourly \$ \_\_\_\_\_ Salary \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Frequency: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name and title

Please return completed form to:

**Wallace Realty Corp**

Kori Brown, Property Manager

525 W Williams Ave

Fallon, NV 89406

775-423-2131 Fax 775-423-3209

Info@wallacerealtycorp.com





525 W. Williams Avenue, Fallon, NV 89406

Phone 775 423-2131 Fax 775 423-3209

Info@wallacerealtycorp.com

**RENTAL VERIFICATION**

Applicant(s) Name: \_\_\_\_\_

I hereby authorize release of former occupancy information requested regarding my tenancy to Wallace Realty Corp.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**LANDLORD ONLY BELOW THIS LINE**

To Whom it May Concern:

Please verify the following information regarding your former tenant, \_\_\_\_\_

Who resided at: \_\_\_\_\_

Date moved in: \_\_\_\_\_

Date moved out: \_\_\_\_\_

Monthly rent: \_\_\_\_\_

Lease or month to month? \_\_\_\_\_

Was rent ever late? [ ] No [ ] Yes If yes, how many? \_\_\_\_\_

Any NSF? [ ] No [ ] Yes If yes, how many? \_\_\_\_\_

Deposit refunded? [ ] No [ ] Yes Comments: \_\_\_\_\_

Was proper notice to vacate given? [ ] No [ ] Yes Comments: \_\_\_\_\_

Condition property left in? [ ] Excellent [ ] Good [ ] Fair [ ] Poor Comments: \_\_\_\_\_

Do they owe any money? [ ] No [ ] Yes If yes, how much for rent? \_\_\_\_\_ Damages? \_\_\_\_\_

Did they have any pets? [ ] No [ ] Yes What kind: \_\_\_\_\_

Would you rent to the Tenant(s) again? [ ] No [ ] Yes

Other comments: \_\_\_\_\_

Thank you for your time.

**PLEASE FAX BACK TO 775-423-3209, OR EMAIL TO INFO@WALLACEREALTY CORP**

Kori Brown, Property Manager

## DUTIES OWED BY A NEVADA REAL ESTATE LICENSEE

*This form does not constitute a contract for services nor an agreement to pay compensation.*

In Nevada, a real estate licensee is required to provide a form setting forth the duties owed by the licensee to:

- a) Each party for whom the licensee is acting as an agent in the real estate transaction, and
- b) Each unrepresented party to the real estate transaction, if any.

Licensee: The licensee in the real estate transaction is \_\_\_\_\_  
whose license number is \_\_\_\_\_. The licensee is acting for [client's name(s)] \_\_\_\_\_  
who is/are the ☐ Seller/Landlord; ☐ Buyer/Tenant.  
Broker: The broker is \_\_\_\_\_ **Milton Wallace** \_\_\_\_\_, whose  
company is \_\_\_\_\_ **Wallace Realty Corp** \_\_\_\_\_.

### Licensee's Duties Owed to All Parties:

A Nevada real estate licensee shall:

1. Not deal with any party to a real estate transaction in a manner which is deceitful, fraudulent or dishonest.
2. Exercise reasonable skill and care with respect to all parties to the real estate transaction.
3. Disclose to each party to the real estate transaction as soon as practicable:
  - a. Any material and relevant facts, data or information which licensee knows, or with reasonable care and diligence the licensee should know, about the property.
  - b. Each source from which licensee will receive compensation.
4. Abide by all other duties, responsibilities and obligations required of the licensee in law or regulations.

### Licensee's Duties Owed to the Client:

A Nevada real estate licensee shall:

1. Exercise reasonable skill and care to carry out the terms of the brokerage agreement and the licensee's duties in the brokerage agreement;
2. Not disclose, except to the licensee's broker, confidential information relating to a client for 1 year after the revocation or termination of the brokerage agreement, unless licensee is required to do so by court order or the client gives written permission;
3. Seek a sale, purchase, option, rental or lease of real property at the price and terms stated in the brokerage agreement or at a price acceptable to the client;
4. Present all offers made to, or by the client as soon as practicable, unless the client chooses to waive the duty of the licensee to present all offers and signs a waiver of the duty on a form prescribed by the Division;
5. Disclose to the client material facts of which the licensee has knowledge concerning the real estate transaction;
6. Advise the client to obtain advice from an expert relating to matters which are beyond the expertise of the licensee; and
7. Account to the client for all money and property the licensee receives in which the client may have an interest.

### Duties Owed By a broker who assigns different licensees affiliated with the brokerage to separate parties.

Each licensee shall not disclose, except to the real estate broker, confidential information relating to client.

Licensee Acting for Both Parties: You understand that the licensee \_\_\_\_\_ may **or** \_\_\_\_\_ may not, in the future act  
(Client Init) (Client Init)  
for two or more parties who have interests adverse to each other. In acting for these parties, the licensee has a conflict of interest. Before a licensee may act for two or more parties, the licensee must give you a "Consent to Act" form to sign.

I/We acknowledge receipt of a copy of this list of licensee duties, and have read and understand this disclosure.

\_\_\_\_\_  
Seller/Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Buyer/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Seller/Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Buyer/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Approved Nevada Real Estate Division  
Replaces all previous versions





Employer Lynx, Inc.<sup>®</sup>  
NV Lic #793

## **EMPLOYER LYNX RELEASE AND AUTHORIZATION FOR CONSUMER REPORTS**

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Employer Lynx, Inc. ("Agency"), 501 E. Caroline Street, Carson City, NV 89701, telephone number (775) 883-3733, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.employerlynx.com](http://www.employerlynx.com).

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to be. Check here: ☐

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's office, which address is listed above. I can have someone accompany me to the Agency's office. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization form for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave., Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment, I direct the following regarding my current employer:  
(please check one).

Yes, my current employer may be contacted ☐

No, my current employer cannot be contacted ☐

I have been provided the Authorization for Consumer Reports in its' entirety (2 pages) and herein the website for the summary of my rights under the Fair Credit Reporting Act at [www.ftc.gov/credit](http://www.ftc.gov/credit).

Print **FULL** Name: \_\_\_\_\_  
First Middle Last

Other Names/Alias ever used: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**For identification purposes:**

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**NOTE: Address must cover last seven (7) years**

Current Street Address: \_\_\_\_\_  
(address, City, State, Zip)

Date: From \_\_\_\_\_ to \_\_\_\_\_

Previous Street Address: \_\_\_\_\_  
(address, City, State, Zip)

Date: From \_\_\_\_\_ to \_\_\_\_\_

Previous Street Address: \_\_\_\_\_  
(address, City, State, Zip)

Date: From \_\_\_\_\_ to \_\_\_\_\_

Previous Street Address: \_\_\_\_\_  
(address, City, State, Zip)

Date: From \_\_\_\_\_ to \_\_\_\_\_

**Hire Date:** \_\_\_\_\_



**Employer Lynx, Inc.®**  
NV Lic #793

## **DISCLOSURE FOR CONSUMER REPORTS**

In connection with my application for employment (including contract or volunteer services) or application to rent a dwelling with \_\_\_\_\_, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, worker's compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired /contracted, I understand that my employer / landlord can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_