

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. 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 Per Person, 18 years or older 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#	Drive				
Contact Number(s)		ver's License State E-mail address			
		Y FOR PAST (3) YEARS (be	_	•	
Current Address:		City	ST	ZIP	
Mo. & Yr. Moved in:	to	Monthly payment:	Own	Rent	
Reason for leaving		n1			
Owner or Agent		Phone	C/T		
Previous Address:		City	S1	ZIP	
		Monthly payment:	Own	Rent	
Reason for leaving:		71			
Owner or Agent		Phone			
Previous Address:		City	ST_	ZIP	
Mo. & Yr. Moved in:	to	City Monthly payment:	Own	Rent	
Reason for leaving:					
Owner or Agent		Phone			
(If additional rental history	is required ple	ase use the back of this page)			
Current Employer:			Date Employed:		
Title:		Supervisor:			
	Net Salary \$ per				
Address:					
If employed by above less the	han 1 year, ple	ase list prior employment.			
Employer:		Dates Em	ıployed:		
Title:		Supervisor:			
Phone:		Net Salary \$	per	(wk, mo, yr	
Address:					
Any other sources of incom	e you would li	ke us to consider			
Amount \$		Source:			
Personal References (Nam		-			
1					
2					
Emergency Contact		1	Palotionship		
Phone	A ddrong		Relationship:		

## **CO-APPLICANT**

Full Name	Date of Birth				
SS#	Driver's License State				
Contact Number(s)	E-mail address				
PLEASE GIVE RESIDENCE	CE HISTORY	Y FOR PAS	T (3) YEARS (be	ginning with most	t current)
Current Address:				ST	
Mo. & Yr. Moved in:	to	Month	ly payment:	Own	Rent
Reason for leaving					
Owner or Agent			Phone		
Previous Address:			City	ST	ZIP
Mo. & Yr. Moved in:	to	Month	ly payment:	Own	Rent
Reason for leaving:					
Owner or Agent			Phone		
Previous Address:				ST	ZIP
Mo. & Yr. Moved in:	to	Month	ly payment:	Own	Rent
Reason for leaving:					
Owner or Agent			Phone		
(If additional rental history is	s required plea	ase use the b	ack of this page)		
Current Employer:				Date Employed:	
Current Employer:		S	upervisor:	_ and	<del></del>
Phone:		Ne	-	per	(wk, mo, yr)
Address:			-		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If employed by above less the	an 1 year, plea	ase list prior	employment.		
Employer:	• •	_		ployed:	
Title:		S			
Phone:		Net Salary \$		per	(wk, mo, yr)
Address:			•		
Any other sources of income	you would li	ke us to cons	sider		
Amount \$			_ Source:		
Personal References (Name.	. Address & T	elephone nu	mbers)		
1		1			
2.					
			_		
Emergency Contact				Relationship:	
Phone	Address				
IN ADDITION TO APPLIC	CANT(S), OT	THER PERS	SONS TO BE RES	SIDING AT PRE	MISES:
Name:		Age	Relationship		
Name:		Age			
Name:		Age	Relationship		
Name:		A ===	Relationship		
Name:		Age	Relationship		

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

Has any Applicant ev	er willfully refu	used to pay ren	t when due?		Yes	No
<ul> <li>Has any Applicant ev</li> </ul>	er been evicted	?			Yes	No
Has any Applicant ev	er filed bankrup	otcy?			Yes	No
Has any Applicant ev	er been convict	ed of a gross n	nisdemeanor	or felony?	Yes	No
Is any Applicant or oc	ocupant required	d to register or	has been cor	nvicted as a sex offende	r? Yes	No
Does anyone in the ho	ousehold smoke	?			Yes	No
How long of a lease a (Our houses require			months, unle	ss 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 VEHICL	ES:					
Make	Model		Color	License#	S	$\mathbf{T}$
Make	Model		Color	License#	S	T
Make	Model		Color	License#		$T^{}$
Make	Model		Color	License#	-	т

## **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.

		Date	
Signature of Applicant			
1		Date	
Signature of Co-Applie	cant		
PLEASE DO NOT W	RITE 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:	Supervisor:Fax #:
Company Name:	Supervisor:
Phone#:	Fax #:
I hereby authorize my employer to full Realty Corp.	urnish information requested regarding my employment status to Wallace
Date	Signature
EM	IPLOYER ONLY BELOW THIS LINE
information below and return to ou	ove) has applied to rent one of our properties. Please verify the following office as soon as possible. Your cooperation is greatly appreciated. If not hesitate to contact the Property Manager listed below.  Termination Date:
Employee is paid: Hourly \$  Hours per week:	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**

<del></del>		Fax#:	
I hereby authorize release of t Wallace Realty Corp.	former occupancy	information requested re	egarding my tenancy to
Signature	Date	Signature	Date
LA	NDLORD ONLY	Y BELOW THIS LINE	
To Whom it May Concern: Please verify the following information Who resided at:			
Date moved in:		Date moved out:	
Monthly rent:	:: Lease or month to month?		
Was rent ever late? [ ] No [ ] Any NSF? [ ] No [ ] Deposit refunded? [ ] No [ ] Was proper notice to vacate given? Condition property left in? [ ] Except	Yes	now many? ents: s Comments:	
Do they owe any money? [ ] No   Did they have any pets? [ ] No [ Would you rent to the Tenant(s) ag	] Yes What kagain? [ ] No [ ]	ind:	

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:

G.	<ul><li>a) Each party for whom the licensee is acting as an agent in the real estate transaction, and</li><li>b) Each unrepresented party to the real estate transaction, if any.</li></ul>
Lice	nsee: 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.
Brol	ker: The Broker is Milton Wallace
whos	se company is Wallace Realty Corp
	there additional licensees involved in this transaction?
A Nev	<ul> <li>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.</li> <li>b. Each source from which licensee will receive compensation.</li> </ul>
	see's Duties Owed to the Client:
	ada real estate licensee shall:  Exercise reasonable skill and care to carry out the terms of the brokerage agreement and the licensee's duties in the brokerage agreement;
2.	
3.	
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.

<b>Licensee Acting for Both Parties:</b>		
The Licensee		
MAY/		s, the licensee has a conflict of
I/We acknowledge receipt of a copy of this list of	licensee duties, and have read and understand	this disclosure.
Seller/Landlord:	Date:	Time:
Seller/Landlord:	Date:	Time:
<u>OR</u>		
Buyer/Tenant:	Date:	Time:
Buyer/Tenant:	Date:	Time: