

SINGLE INCOME APPLICATION

Property or Address Applying for: _____



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.

Please read and initial policies 1-12:

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 homeowner 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 month's 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. ____ / ____

Residential

Property Management

Commercial

\$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 (2- 4 most current pay stubs).
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. Application fees and Property Holding Deposits "WILL NOT" be refunded if you fail to move forward with the property.

Applicant(s) Signature required:

The undersigned hereby makes application to rent:

APPLICANT

Full Name _____ Date of Birth _____

SS # _____ Driver's License _____ State _____

Contact Number(s) _____ E-mail address _____

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

Current Address: _____ City _____ ST _____ ZIP _____

Mo. & Yr. Moved in: _____ to _____ Monthly payment: _____ Own _____ Rent _____

Reason for leaving _____

Owner or Agent _____ Phone _____

Previous Address: _____ City _____ ST _____ ZIP _____

Mo. & Yr. Moved in: _____ to _____ Monthly payment: _____ Own _____ Rent _____

Reason for leaving: _____

Owner or Agent _____ Phone _____

Previous Address: _____ City _____ ST _____ ZIP _____

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 monthly income you would like us to consider

Amount \$ _____ Source: _____

Personal References (Name, Address & Telephone numbers)

1. _____
2. _____

Emergency Contact (Non-Resident): Name: _____

Contact Number: _____ Address: _____

Relation: _____

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 _____

CO-APPLICANT

Full Name _____ Date of Birth _____
SS # _____ Driver's License _____ State _____
Contact Number(s) _____ E-mail address _____

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

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

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

Previous Address: _____ City _____ ST _____ ZIP _____
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 monthly income you would like us to consider

Amount \$ _____ Source: _____

Personal References (Name, Address & Telephone numbers)

1. _____
2. _____

Emergency Contact (Non-Residential): Name: _____ Phone #: _____
Address: _____ Relation: _____

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

- Has any Applicant ever willfully refused to pay rent when due? Yes No
 Address: _____
 Reason: _____
- Has any Applicant ever been evicted? Yes No
 Year: _____
 Address: _____
 Landlord: _____
 Eviction Type: _____
- Has any Applicant ever filed bankruptcy? Yes No
 Year: _____
- Has any Applicant ever been convicted of a gross misdemeanor or felony? Yes No
 Year: _____
 Offense: _____
 Result: _____
- Is any Applicant or occupant required to register or has been convicted as a sex offender? Yes No
 Year: _____ State: _____ Time Served: _____
 Result (House arrest, Probation, etc): _____
- 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
 (Proof is required for service animals)
 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

Address:

| | |
|--|--|
| Date of Application: _____ | Application fee paid: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Verification of Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No | Verification of Rental History: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit Report <input type="checkbox"/> Yes <input type="checkbox"/> No | Eviction Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rent Amount \$ _____ | Deposit Amount \$ _____ |
| Verified Net Income Amount \$ _____ | |
| Percentage of Income vs. Rent _____ | |
| APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> 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 #: _____

Email Address: _____

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 Date

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: _____

Landlord/Company Name: _____

Landlord Contact #: _____

Email OR Fax #: _____

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 tenant, _____

Who resided at: _____

Name of Lease Holder: _____

Date moved in: _____ Date moved out: _____

Monthly rent: _____ Lease or month to month? _____

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

Court Filings? [] No [] Yes Eviction Notices? [] No [] Yes

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? _____

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

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

If NO, please explain: _____

Please note any lease violations: _____

*Noise Complaints: _____ *Unauthorized Tenants: _____ *Excessive Traffic: _____

*Poor Upkeep _____ *Damages: _____ *Other _____

Verified by: _____ Date: _____

Thank you for your time and consideration!

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 _____,

whose company is _____.

Are there additional licensees involved in this transaction? Yes No If yes, Supplemental form 525A is required.

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:

The Licensee

MAY [_____] / [_____] **OR** MAY NOT [_____] / [_____]

in the future act 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: _____

Seller/Landlord: _____ Date: _____ Time: _____

OR

Buyer/Tenant: _____ Date: _____ Time: _____

Buyer/Tenant: _____ Date: _____ Time: _____

DUTIES OWED BY A NEVADA REAL ESTATE LICENSEE

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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 _____.

Are there additional licensees involved in this transaction? Yes No **If yes, Supplemental form 525A is required.**

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.

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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:

The Licensee

MAY [_____/_____] **OR** MAY NOT [_____/_____]

in the future act 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:* _____

Seller/Landlord: _____ *Date:* _____ *Time:* _____

OR

Buyer/Tenant: _____ *Date:* _____ *Time:* _____

Buyer/Tenant: _____ *Date:* _____ *Time:* _____

**SUPPLEMENTAL LIST OF LICENSEES PARTY TO THE
DUTIES OWED BY A NEVADA REAL ESTATE LICENSEE**

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

Licensee: _____, is acting for _____

Broker: Milton H Wallace

Additional licensees on this transaction, listed below, are subject to NRS 645.252, NRS 645.254, and the Duties Owed By A Nevada Real Estate Licensee:

NAME

LICENSE NUMBER

Kori Brown

BS.0146771

Michelle Wallace

02936

Shanice Huntsberry

S.0197566

Milton Wallace

029345

I/We acknowledge receipt of a copy of this Supplemental List of Licensees.

Seller/Landlord: _____ *Date:* _____ *Time:* _____

Seller/Landlord: _____ *Date:* _____ *Time:* _____

OR

Buyer/Tenant: _____ *Date:* _____ *Time:* _____

Buyer/Tenant: _____ *Date:* _____ *Time:* _____