

**CRATER VIEW APARTMENT**

**APPLICATION FOR RENT**

P.O. BOX 129, Owyhee, NV. 89832 Phone: (775) 757-3589 Fax: (775) 757-3746

Applicant Name	Social Security #	Birthdate	Sex	Driver's license No.

All Other Who Will Occupy Unit:

Name	Social Security #	Birthdate	Sex	Relationship

Current Mailing Address and Physical Address:

Telephone Number: \_\_\_\_\_ Dates Resided at this Address: \_\_\_\_\_  
 Has any of the individuals who will occupy the unity listed above been convicted of a Felony? Yes No  
 Applicant must provide all court documentation regarding the felony with this application for any household members the age of 18 years.

SPECIAL HOUSING ACCOMODATIONS-DO YOU OR MEMBERS OF YOUR HOUSEHOLD QUALIFY FOR A UNIT WITH SPECIAL DESIGN FEATURES? YES NO

Is any member of your household 18 or older attending school? Yes No If yes, Who?  
 Do you have any pets? Yes No If yes, How many? Description (cat, dog, bird, etc.):

Current LANDLORD:

Telephone Number: \_\_\_\_\_

Dates Resided at this Address: \_\_\_\_\_

Name of Apartment Complex: \_\_\_\_\_

PREVIOUS ADDRESS:

Dates Resided at this Address: \_\_\_\_\_

PERSONAL REFERENCES (NOT RELATED)

ADDRESS

PHONE NO.

- 1.
- 2.

In case of emergency, notify:

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_

AUTOMOBILE (S)

Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate No. \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate No. \_\_\_\_\_

NAME OF CREDITORS (include phone numbers and amount of monthly payments):

\$  
\$

**Attach Identification Card, Social Security Card, Driver's License and Tribal Identification. Attach all income verifications signed or completed for all household members over the age of 18, all information must be provided in order for this application to be complete. Applications must be updated at lease annually and/or when changes occur.**



"Duck Valley Housing Authority is an Equal Opportunity Provider."



**INCOME:** Do you or any of your household anticipate receiving income from any of the following sources during next 12 months? Please mark each line YES or NO. If YES complete the information to the right.

	YES	NO	GROSS MONTHLY	HOUSEHOLD MEMBER	SOURCE OF INCOME
EMPLOYMENT					\$
EMPLOYMENT					\$
CHILD SUPPORT					\$
ALIMONY					\$
MONETARY GIFTS					\$
PENSIONS					\$
SOCIAL SECURITY					\$
SUPPLEMENTAL SECURITY					\$
VETERANS BENEFITS					\$
UNEMPLOYMENT					\$
AFDC/WELFARE					\$
OTHER (SPECIFY)					\$

**ASSETS:** Please mark each line either YES or NO. If YES, complete the information to the right.

	YES	NO	NAME ON ACCOUNT	ACCOUNT #	BALANCE...VALUE
BANK/BRANCH					\$
CHECKING ACCOUNTS					\$
SAVINGS ACCOUNTS					\$
MONEY MARKETS					\$
CERTIFICATES OF DEPOSIT					\$
TRUST ACCOUNTS					\$
STOCKS OR BONDS					\$
IRA/KEOG/LIFE INS.					\$
RENTAL PROPERTY					\$
OTHER (SPECIFY)					\$

I/We authorized the owner to contact current and previous landlords, verify income and account information for the purpose of this application. I/We will notify the Owner of any changes in this application. This includes a change of household sizes, current address, income or assets. This application will be updated annually when any income or household changes occur.

Applicant Signature:

Date:

Co-Applicant Signature:

Date:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services and the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, the owner is required to note the race ethnicity, and sex of individual applicants on the basis of visual observation or surname.



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