

REQUIRED APPLICATION DOCUMENTS

- Completed Rental Application
- If W2 employee 2 months pay-stubs OR
 If self employed 6 months bank statements and/or 2 years tax returns
- Copy of Drivers License or ID card
- Payment of \$35 per applicant over the age of 18 on date of application.
 Money orders or personal checks. Please NO CASH. Make all checks payable to Valley Realty and Management.

Other forms found in the rental packet (if needed):

- **Rental Application** (one application required for each person 18 or older)
- Consent for Release of Information (fill out two, one for employer and one for landlord)

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT

leasing@vramonline.com

Phone: 775-885-5055

Fax: 775-885-5066



DATE: Have you seen the property?

Property Information			
ADDRESS OF PROPOSED RENTAL:			
PROPOSED MOVE-IN DATE:			
Applicant Information			
Name:			
Date of Birth:	SSN:	Cell #:	
Best Contact #:	Email:		
Current Address:	Reason for I	Leaving:	
City:	State:	ZIP Code:	
□ Own □ Rent	Monthly payment or rent:	From: To:	
Current Landlord's Name: Land	lord's contact #: Landlord	ds email:	
Previous Address:	Reason for le	eaving:	
City:	State:	ZIP Code:	
□ Own □ Rent	Monthly payment or rent:	From: To:	
Previous Landlord's Name: Previou	us Landlord's #: Previous	Landlors email:	
Employment Information			
Current employer:			
Employer address:		How long?	
Phone:	Email:	Fax:	
Position:	☐ Hourly ☐ Salary	Monthly Income:	
	•		
Employment verification/HR Contact:	Contact Phone:	Contact Fax:	
Employment verification/HR Contact: If less than 2 years at current job:		Contact Fax:	
If less than 2 years at current job:	Contact Phone:		
If less than 2 years at current job: Previous Employer:	Contact Phone: Previous Employer Address	s:	
If less than 2 years at current job: Previous Employer: Previous Employer contact phone #:	Contact Phone: Previous Employer Address Email:	s: Fax:	
If less than 2 years at current job: Previous Employer: Previous Employer contact phone #:	Contact Phone: Previous Employer Address Email:	s: Fax:	
If less than 2 years at current job: Previous Employer: Previous Employer contact phone #: Date of employment: FROM To	Contact Phone: Previous Employer Address Email:	s: Fax:	
If less than 2 years at current job: Previous Employer: Previous Employer contact phone #: Date of employment: FROM To Full Name of Occupants Under 18 Years of Age	Contact Phone: Previous Employer Address Email:	s: Fax:	
If less than 2 years at current job: Previous Employer: Previous Employer contact phone #: Date of employment: FROM To Full Name of Occupants Under 18 Years of Age Name:	Contact Phone: Previous Employer Address Email:	s: Fax:	
If less than 2 years at current job: Previous Employer: Previous Employer contact phone #: Date of employment: FROM To Full Name of Occupants Under 18 Years of Age Name: Name:	Contact Phone: Previous Employer Address Email:	s: Fax:	
If less than 2 years at current job: Previous Employer: Previous Employer contact phone #: Date of employment: FROM To Full Name of Occupants Under 18 Years of Age Name: Name:	Contact Phone: Previous Employer Address Email:	s: Fax:	
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If less than 2 years at current job: Previous Employer: Previous Employer contact phone #: Date of employment: FROM To Full Name of Occupants Under 18 Years of Age Name: Name: Name: Name: Name:	Contact Phone: Previous Employer Address Email:	s: Fax:	
If less than 2 years at current job: Previous Employer: Previous Employer contact phone #: Date of employment: FROM To Full Name of Occupants Under 18 Years of Age Name: Name: Name: Name: Name: References	Contact Phone: Previous Employer Address Email: Position	Fax: Monthly Income:	
If less than 2 years at current job: Previous Employer: Previous Employer contact phone #: Date of employment: FROM To Full Name of Occupants Under 18 Years of Age Name: Name: Name: Name: Name: Name: Name: Name: Name:	Contact Phone: Previous Employer Address: Email: Position Address:	Fax: Monthly Income: Phone:	
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Miscellaneous Info	mation				
Pets: ☐ Yes	□ No	Pet Description:		Pet Name:	
		Pet Description	ո։	Pet Name:	
Water Filled Furnit	ure: 🗆 Yes	□ No	Description:		
Have you ever been	evicted?				
Have you ever refus	ed to pay rent when	due?			
Have you ever been	convicted of a felon	y:			
Explain:					
Have you ever been	delinquent in paym	ent of your rent or any	other financial obligation? If yes, plea	se explain:	
Have you ever been please explain:	a defendant in an U	nlawful Detainer (Evicti	on) lawsuit or defaluted (failed to per	rform) any obligation of a rental	agreement or lease? If yes,
administration and	processing fee of \$1 will not be applied t	95 will be charged at the ofuture rent, or refund	dit report. I understand that if I sign a he time of lease signing. I understand led, even if this application to rent is o	that the \$35 fee to pay for a cor	
Printed Name		Si	ignature	Date	·
Printed Name		Si	ignature	Date	
Agent Notes:					
You can submit	this application	by one of the follo	wing:		3246 N Carson St, Suite 100
1) Fax to: 775-885-5066			Carson City, NV 89706		
2) Scan and email to: leasing@vramonline.com			Ph: 775-885-5055		
3) Mail or hand deliver to: 3246 N Carson St, Suite 100, Carson City, NV 89706			i	www.vramonline.com	



CONSENT FOR RELEASE OF INFORMATION

Employer/Landlord

I /We,		(applicant),
authorize	(em	ployer/landlord) to disclose
the following information		to Valley
Realty and Management.		
The purpose of this disclosure is:		•
consent unless otherwise provided for	rected under Federal regulations and cor in the regulations. I also understand action has been taken in reliance on it.	that I may revoke this consent
This information has been disclosed C.F.R. Part 2). The Federal rules prounless further disclosure is expressly as otherwise permitted by 42 C.F.R.	tice Prohibiting Re-disclosure to you from the records protected by whibit you from making any further discording permitted by the written consent of the Part 2. A general authorization for the purpose. The Federal rules restrict and alcohol or drug abuse patient.	Federal confidentiality rules (42 closure of this information ne person to whom it pertains of release of medical or other
Applicant Signature	Date	
Applicant Signature		