EL PASEO

A SENIOR COMMUNITY

3980 E. Owens Avenue. Las Vegas, NV 89110 Telephone: (702) 438-3132

Rental Application Form

Applicant Information:		
First Name:	Last Name:	
Date of Birth:	Social Security Number:	
Driver's License State:	Driver's License ID #	
	EmailAddress:	
Co-applicant Information:		
First Name:	Last Name :	
Date of Birth:	Social Security Number:	
Driver's License State:	Driver's License ID #	
Phone Number: _()	EmailAddress:	
Current Address:		
Street Address:	City:	State:
ZIP Codo: Longth	of Residency:	

Reasons for Leaving:		
	Landlord Phone:	
	ess than 2 years at current address):**	
Street Address:	City:	State:
ZIP Code:Ler	ngth of Residency:	
Reason for Leaving:		
	Landlord Phone:	
Employment and Incon	ne:	
Current Employer:	Employer Name:	
Employer Phone:		
Position:	Length of Employment:	
Monthly Gross Income:	5	
Employer Address:	City:	
	code:	
Personal Reference:		
Full Name:		
Relationship:	Phone Number:	

Emergency Contact:	
Full Name:	_
Relationship:	Phone Number:
Terms and conditions	
employment, and rental history. I a agreement to rent and that all appl verification of references given. I d	ications must be approved. I authorize eclare that the statements above are he landlord may terminate my agreement
Applicant Signature	Data

By submitting this application, I am: (1) giving El Paseo permission to run a background check on me, which may include obtaining my credit report from a consumer reporting agency; and (2) agreeing to the Privacy Policy and Terms of Service.