

Daisy Lee Homes

Return To:

HH&T Management
P.O. Box 270006
Las Vegas, NV 89127
OFFICE 702-357-2809
Email to: Frankh@cdpcn.com

APPLICATION

Who will live in the Home with you:

Table with 5 columns: Full Name, Relationship, Birth Date, Sex, Soc. Sec. #

Current home address:
Cell phone no:
Home phone no: Work phone no.:
Email Address:

A. GENERAL INFORMATION

- 1. Do you have the right to legally enter into a lease? YES NO
2. Please state the name(s) of any household member(s) that you want to be made Co-Head(s). (Co-Head is defined as an individual who has the legal right to enter into a lease agreement and will share all the rights and responsibilities.)
3. Have you ever been convicted of a felony? YES NO If yes, please explain:
4. Have you ever been evicted from a dwelling for any reason? YES NO

If yes, please explain:

5. Does anyone live with you now who is not listed on page 1? YES NO

If yes, please explain:

6. Does anyone plan to live with you in the future who is not listed on page 1? YES NO

If yes, please explain:

B. HOUSING REFERENCES (List ALL landlords during the past three years)

1. Present address _____

Name of present landlord _____

Address of landlord _____

Landlord's cell & office telephone no. _____

Landlord's email address _____

Length of time at present address _____

Current monthly rent _____ Average monthly utility bills power\$ _____ gas\$ _____

Complete the following information for previous landlords:

2. Previous Landlord address _____

Name of landlord _____

Address of landlord _____

Landlord's telephone no. _____

Landlord's email address _____

Length of time at this address _____

Monthly rent _____ Average monthly utility bills _____

Reason for moving _____

3. Previous Landlord address _____

Name of landlord _____

Address of landlord _____

Landlord's telephone no. _____

Landlord's email address _____

Length of time at this address _____

Monthly rent _____ Average monthly utility bills _____

Reason for moving _____

C. EMPLOYMENT OR OTHER INCOME SOURCES (List ALL sources)

Applicant's present employer(s) _____

Other adult's present employer(s) _____

Other adult's present employer(s) _____

1. Applicant's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

2. Other adult's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

3. Other adult's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

ANNUAL INCOME

Include anticipated income from all sources for the next twelve months

Source	Applicant	Other Adult	Other Adult	Total
Gross Employment Income (Include overtime, tips, etc.)				
Net Income from Self-Employment and/or Business				
Social Security, Pensions, Annuities, Insurance Settlements				
Unemployment Compensation, Severance Pay				

Workers Compensation, Disability or Death Benefits, Veteran's Benefits				
Alimony, Child Support				
A.F.D.C. or Other Public Aid, Recurring Monetary Gifts				
Other:				
TOTAL ANTICIPATED INCOME:				

D. ASSETS

ALL INFORMATION SHOULD BE CALCULATED ON AN ANNUAL BASIS.

1. YES NO Do you have any of the following: checking or savings accounts, Money Market funds, Trusts, IRA/Keogh accounts, Certificates of Deposit (CDs), stocks, bonds, real estate, or other income-producing assets? If you answered "YES," describe all such accounts below.

Asset Summary

Type of Asset	Account Number or Other Description	Where Held	Balance/ * Fair Market Value (A)	Interest Rate	Income (B)
Total of Column (A)				Total of Column (B)	

* Fair Market Value is the value of the asset minus reasonable costs that were or would be incurred in selling or converting the asset to cash. These costs include: (1) penalties for early withdrawal; (2) broker/legal fees assessed to sell or convert the asset to cash; and (3) settlement costs for real estate transactions.

2. YES NO Do you own any stocks or bonds?

Type/Name _____

3. YES NO Do you own any real estate including a primary residence, farm, vacation home, vacant land, rental property, or other investments?

If yes, please explain: _____

4. YES NO Do you hold any personal property as an investment (i.e., coin collection or antique car)? **DO NOT include necessary personal items such as a car or furniture.**

If yes, please explain: _____

Value: \$ _____

5. Enter Total Assets (A) from Box B, preceding page. \$ _____

6. Total the amounts from questions 1 through 6.

TOTAL ASSETS \$ _____

E. PERSONAL REFERENCE (Excluding family members)

Name _____

Address _____

_____ Cell Phone No. _____ Home # _____

F. VEHICLE/DRIVER I.D.

1. Driver's License # _____ State Issued _____

Car Make _____ Color _____ Year _____ Lic. # _____

2. Driver's License # _____ State Issued _____

Car Make _____ Color _____ Year _____ Lic. # _____

3. Driver's License # _____ State Issued _____

Car Make _____ Color _____ Year _____ Lic. # _____

G. EMERGENCY CONTACT (Please list someone in the immediate area if possible.)

Name _____

1/10/2017

Address _____

_____ Phone No. _____

Email Address _____

H. SIGNATURE CLAUSE

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for residency as may be necessary. I understand that any misrepresentation may result in the denial of my application. I authorize HH&T, its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau or other reasonable means. I have read this application and understand it.

This application is not a rental agreement, contract or lease. All applications are subject to the approval of the owner or managing agent.

It is our aim to ensure that this community is a drug free zone. The use and sale of controlled substances will not be tolerated. **By signing this application form, I verify my support for this policy.**

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD(S) MUST SIGN BELOW.

Signature

Date

Co-Head(s) Signature

Date

Office Use Only:

(1) Date of Interview: _____ (2) Desired Home Address _____
(3) Desired Move-in Date: _____

DAISY LEE CHECKLIST

PLEASE BRING A COPY OF YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD.

****HERE'S WHAT YOU NEED TO BRING WITH YOU AT TIME OF APPLICATION****

***Two Years Tax Returns, And All W2's And Or 1099's**

***Most Recent Paystubs to Cover a Three-Month Period**

***Two Month's Bank Statements for All Accounts (Checking, Savings, 401k)**

***If Receiving Child Support We Need All Back Up Documentation**

***\$60.00 MONEY ORDER MADE TO BIG BONANZA, LLC For Credit Report.**

Your Application, Proof Of Income And Credit Report Are Sent To The Landlord For Approval.

It Will Take Up To 72 Hours From Receipt Of Application.

***NO DOGS AND NO CATS.**

AT LEASE SIGNING 1ST MONTHS RENT AND DEPOSIT IS REQUIRED IN FULL.