

SAMSON EQUITIES CORP
800 N RAINBOW BL STE 208 ~ LAS VEGAS NV 89107-1193
702.948.5000

After hours leasing help BEFORE move-in: Press 2
EMAIL to: rentsamson@aol.com
FAX to: 702.948-5001

APPLICATION TO RENT

Complete All Sections

Name: _____ **Social Security #** _____
Last First Middle

Driver's License ID# & State _____ **Date of Birth** _____
Month-Day-Year

Entity Type: Corporation Limited Liability Co. (LLC) Sole Proprietor (dba) Partnership

Existing or desired corp./LLC name: _____

Home Phone () _____	Work Phone () _____	FAX () _____
Cell: () _____	Email: _____	

ADDRESS INFORMATION

Current Business Address _____
Street Unit # City State Zip

Current Home Address _____
Street Unit # City State Zip

EMERGENCY CONTACT

Name: _____ **Address** _____
Relationship _____ **Phone** () _____

When do you plan to move in? Date: _____

Tenant Ledger delivery method (check one): Email Hand deliver

Applicant: (1) Represents and warrants that above statements are true and correct; (2) Authorizes Landlord's reviewing above information with above listed references and contacts, and with credit reporting and incorporation services, and periodically reviewing Applicant's credit and background information, to include, without limitation, Applicant's credit history, banking history and public records information; (3) Agrees to furnish additional information and/or references upon request.

Applicant applies to rent

No. _____ at _____

for \$ _____ per month and upon approval of my Application agree to pay the first month's rent of \$ _____
and a security deposit in the amount of \$ _____.

Applicant Signature _____ Date _____