WDC
3440 Lindell Road
Leasing Office
Las Vegas NV 89146
702-249-1494

Instruction Page

1. Each Adult (18 years and over) must complete the application. Print out this instruction sheet and application. Gather your documents and schedule your appointment. You will bring everything to the appointment. Complete the application and gather the required documents.
2. Call 702.249-1494 and insert your phone number only and we will return your call within 48 business hours.
3. Once we speak, we can set up an appointment time. Please plan on spending 45 minute to 1 hour. Please do not bring children – they get very impatient. Also, if all areas are not completed or if you did not bring all the documents and completed application, we will not be able to see you. The only way to get you processed and approved is by having all documents.
4. If for any reason you have questions or don't understand something, please ask prior to your appointment. Documents have a time limit.
5. No pets allowed
6. Each applicant must bring $100 dollars money order or /cashiers check for the background check and bring with them a personal background print out that can be obtained from the Metropolitan Police Department 400 S. Martin Luther King Building C or any substation for $13 cash ONLY.
7. All monies must be paid in full before you will be able to move in and utilities turned on.
8. Please check the figures below to ensure that your household's gross income does not exceed the figures below.

2025 Figures

# In household	1	2	3	4	5
	$42,840	$ 48,960	$55,080	$61,200	$66,120

Documents for 2nd Step

Nevada state issued ID with picture for all Adults

SS on all

Birth certificate on all occupants under 18

Employment Verification of Income third party or paycheck stubs (3 consecutive)

SSI Disability any governmental assistance benefit letters less than 90 days old

Bank 6 months checking

Bank most current 1 month savings account

IRA/401k retirement, pension etc.

RESIDENTIAL RENTAL APPLICATION
ONE COMPLETE APPLICATION PER EACH PERSON RESIDING IN UNIT 18 YEARS AND ABOVE

THE PROPERTY

Circle 1 or 2 bedroom Upstairs / Downstairs

We are a no smoking facility _____ Would you have a problem with this policy? Y N

Were you Evicted? Yes No

TENANCY

When would you like to move? Date _____

APPLICANT DETAILS

Full Name: _____ DOB: _____ SSN: _____

Driver's License No. _____ Phone: _____

E-Mail: _____

Other Occupants? ☐ Yes ☐ No Relationship: _____

If Yes, Describe: _____

Pets? ☐ Yes ☐ No

If Yes, Describe: _____

If Yes, Describe: _____

Ever Been Convicted of a Crime? ☐ Yes ☐ No

If Yes, Describe: _____

Ever Filed for Bankruptcy? ☐ Yes ☐ No

If Yes, Describe: _____

Ever Been Evicted? ☐ Yes ☐ No If Yes what year? _____

Who was the landlord _____ What State ? _____

Landlords Phone # _____What do you owe $_____

Have you contacted them to work out a payment plan ? Yes No

Any falsification on this application will disqualify will make you ineligible to move forward with your application.

If Yes, Describe: _____

CURRENT EMPLOYMENT

Company: _____ Occupation/Title: _____

How Long? _____ Gross Income: $_____ (From Prior Year Tax Filing)

Street Address: _____

City: _____ State: _____ Supervisor: _____

PREVIOUS EMPLOYMENT

Company: _____ Occupation/Title: _____

How Long? _____ Gross Income: $_____)

Street Address: _____

City: _____ State: _____ Supervisor: _____

CURRENT RESIDENCE

Type (Apt, Home, Condo): _____ Square Feet (SF): _____SF

Bedrooms: _____ Rent Amount: $_____/Month

Street Address: _____

City: _____ State: _____ Zip: _____

How long at this Address? _____ Current Lease Expiration Date: _____

Desire for Moving? _____

CURRENT LANDLORD

Name: _____

Address: _____

Phone: _____ E-Mail: _____

PREVIOUS RESIDENCE – 1 Use as many blocks – we need 10 years of residency

Type (Apt, Home, Condo): _____ Square Feet (SF): _____SF

Bedrooms: _____ Rent Amount: $_____/Month

Street Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

PREVIOUS LANDLORD - 1

Name: _____

Address: _____

Phone: _____ E-Mail: _____

PREVIOUS RESIDENCE - 2

Type (Apt, Home, Condo): _____ Square Feet (SF): _____SF

Bedrooms: _____ Rent Amount: $_____/Month

Street Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

PREVIOUS LANDLORD - 2

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Vehicle Information

Make and Model _____ **Year**_____

License No & State _____ **Are you the owner of vehicle? Yes No**

PERSONAL REFERENCES

Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

FINANCIAL INFORMATION

Bank: _____ Account # _____ Routing # _____

Branch Location _____ Type: ☐ Checking ☐ Savings

Bank: _____ Account # _____ Routing # _____

Branch Location _____ Type: ☐ Checking ☐ Savings

CONSENT AND ACKNOWLEDGMENT

I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain any and all Unlawful Detainer, Credit Reports, Tele checks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant's Signature _____ **Date** _____

I understand that any monies owing WDC, for unpaid rent, damages, court fees, eviction, etc. will be sent to a collection company. The collection company adds an additional fee that I will be responsible for paying as well.

_____ _____

Signature **Date** **Social Security #**

_____

Print Name