*DW Realty Group & Prop. Mgmt*

REGISTRATION FOR SHORT TERM RENTAL

Send completed form to: Fax 702-489-5626 or email dwraltygroup@yahoo.com

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| House or Condo: |   | Move-In Date: |  |  |
| Number of Occupants: | Adults |  | Children |  | Ages |  | Move-Out Date: |  |  |
|  (or estimated date) |  |

|  |  |
| --- | --- |
| How Did You Hear of Us? |  |
| Purpose of Stay (Interim Move/Job/Vacation): |  |
|  |  |

|  |  |
| --- | --- |
| Applicant Name: |  |
| Mailing Address: |  |
| Email Address: |  | Telephone: |  |
| Occupation/Employer: |  | Telephone: |  |

**RENTAL OCCUPANTS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Cell Phone |  | Name | Cell Phone |
| 1. |  |  | 4. |  |
| 2. |  |  | 5. |  |
| 3. |  |  | 6. |  |

**OCCUPANT VEHICLE(S):**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Make: |  | Model: |  | Year: |  | State: |  | License # |  | Color: |  |
| Make: |  | Model: |  | Year: |  | State: |  | License # |  | Color: |  |

**MISCELLANEOUS:**

|  |  |  |
| --- | --- | --- |
| Do you have pets? [ ] No | If yes, describe (breed, weight) |  |
| Do any of the occupants smoke? [ ]  Yes [x] No (smoking allowed only on the patio) |
| Comments: |  |

**EMERGENCY CONTACT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Relationship: |  |
| Address: |  | Telephone: |  |

I hereby certify and affirm that all information provided above is true and correct. I fully understand that my rental agreement may be terminated if I have made any false, misleading or incomplete statement in this application. I hereby authorize verification of all information provided in this application.

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Print Name Signature Date