The Meadows
525 E. Bonanza Road, Las Vegas NV 89101
Phone (702) 382-4020 ● Fax (702) 382-4048

The Meadows welcomes your application, and would like to assist you in the quick and complete evaluation for residency. To make this process more viable, place read the following instructions:

1. Complete and return the application as soon as possible
2. Please print in block letter, any missing information or illegible handwriting will delay the process considerably.
3. To expedite the evaluation period as much as possible please provide proof of any income as it applies to you such as:

    - **3 employment stubs** ***(per employer)***
    - **Unemployment stubs**
    - **Social Security award letter**
    - **VA award letter**
    - **Pensions, Worker's Compensation pay stubs**
    - **Contact information for all income sources**
    - **Your Gov issued ID card, DD214, Social Security Card**

Please return the original application with copies of your documents to the address listed above. When returning your application, please allow time to fill out a number of documents we require in order to verify your information. Upon receipt of all the requested information and signed documents we will begin to process your application immediately if a unit is available.

If you need any further information, do not hesitate to contact our office at **(702) 382-4048** and we will be more than happy to help you. Our office hours are **Monday thru Friday 9am to 5pm.**

Regards,

The Meadows Management Staff

EQUAL HOUSING OPPORTUNITY

Cloudbreak Communities

525 E. Bonanza Road, Las Vegas NV 89101
Phone (702) 382-4020 ● Fax (702) 382-4048

The Meadows RENTAL CRITERIA

An Affordable Housing Community for Veterans Engaged in Recovery

We follow all federal and state fair housing guidelines; the following criteria must be met:

1. The head of household must be 18 years of age or older
2. Credit and Criminal background checks may be conducted on all adults
3. Application must be submitted with proof of income
4. A site representative will initially interview all applicants

OCCUPANCY: **Minimum:** 1 person / **Maximum**: 1 person

VERIFICATION PROCESS

1. Provide a copy of form DD214 "Certificate of Release or Discharge from Active Duty".
2. Gross monthly income must meet or exceed (2) two times the monthly rent. Proof of income is required; all income sources disclosed on the rental application may be verified through the appropriate agencies, employers or institutions.
3. Current references may be obtained. Landlord, program, case managers or other references will help determine history and other issues including but not limited to chronic non-payment, health and safety issues and/or repeated disruptive behavior.
4. A credit reference and/or criminal background check may be conducted

REJECTED APPLICATIONS

Applications may be rejected for any of the following reasons:

1. Falsification of any information on the application and proof of income.
2. A family size that does not fall within the minimum or maximum criteria.
3. A negative reference from any of the following: landlords, program, case management or any other reference encompassing failure to comply with the lease, poor payment history, poor housekeeping or eviction for cause.
4. A criminal background with a history of arson, sexual offenses and/or terrorist acts
5. Failure to meet any other qualifications or other selection criteria in this document. Other good cause including, but not limited to; any display of disruptive or aggressive behavior towards the staff, residents or other applicants prior to moving in.

TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME:_____ **UNIT #** _____

YES	NO			MONTHLY GROSS INCOME
1. ☐	☐	I have a job or am self-employed and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses that pay you or nature of self-emp: 1)_____ 2)_____		$_____ $_____
2. ☐	☐	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.		$_____
3. ☐	☐	I receive unemployment benefits.		$_____
4. ☐	☐	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.		$_____
5. ☐	☐	I receive periodic social security payments, SSI or SSDI		$_____
6. ☐	☐	I receive disability or death benefits other than Social Security.		$_____
7. ☐	☐	I receive alimony/spousal and/or child support payments		$_____
8. ☐	☐	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1)_____ 2)_____		$_____ $_____
9. ☐	☐	I receive income from real or personal property.		(use net earned income) $_____
10. ☐	☐	I receive student financial aid (public or private, not including student loans)		$_____
11. ☐	☐	Any other source not mentioned above? _____		$_____
12. ☐	☐	I have a bank account(s). If yes, list bank(s) and type of account 1)_____ 2)_____ 3)_____	***(Interest Rate)*** _____% _____% _____%	***(Approx. Cash Value)*** $_____ $_____ $_____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

_____ _____ _____

PRINTED NAME OF APPLICANT/TENANT **SIGNATURE OF APPLICANT/TENANT** **DATE**

The Meadows - *An Affordable Housing Community for Veterans Engaged in Recovery*
Rental Application

Rental policy: Landlord does not discriminate based on age, race, color, religion, sex, disability (mental or physical), national origin, marital status, familial status or sexual orientation. All rental applications are evaluated based on rental history, ability to pay and credit history.

Cloudbreak Communities

Unit type desired: ☐ Efficiency ☐ Double **UNIT #** _____

Referred by / how did you hear about us? _____

PERSONAL INFORMATION

First name:_____ Last Name:_____ Middle initial:_____

Birthdate:_____ SS#:_____ ID or D/L#:_____

Home phone #: ( )_____ Work or Other phone #: ( )_____

Cell phone #: ( )_____ E-Mail Address: _____

RESIDENCE INFORMATION

Where do you live now?

_____ _____ _____ _____

Number & street name | Apt | City & State | Zip code

How long at this address? _____ years _____ months How much do you pay per month?_____

Why do you want to move? _____

INCOME INFORMATION

Income source Or Current Employer:_____

_____ _____ _____ _____

Address | City | State | Zip

How Often are you paid (check one): ☐ every week ☐ every other week ☐ twice a month ☐ monthly o yearly

Gross income before deductions:$_____ Job title:_____

Source or Supervisor's name:_____ Phone number:( )_____

Date income started:_____ Fax number:( )_____

OTHER INFORMATION

☐ Yes ☐ No Are you a U.S. Veteran? If yes, what type of discharge did you have? _____

☐ Yes ☐ No Are you a former foster youth?

☐ Yes ☐ No Do you have any pets?

☐ Yes ☐ No Are you currently a student? If yes, attending part-time or full time? _____

☐ Yes ☐ No Have you been a student withing the past 12 months?

☐ Yes ☐ No Will your household be receiving Section 8 / VASH rental assistance at the time of move-in?

Agency & Contact Person: _____

☐ Yes ☐ No Have you used subtances such as illegal drugs or alhocol in the last 12 months?

If yes, when was the most recent date of use? _____

☐ Yes ☐ No Have you ever been convicted of a felony? If yes, please provide the following information:

Reason: _____

County_____ State _____ Date_____

SECONDARY CONTACTS

_____ _____ _____

Name | Relationship | Daytime phone number

_____ _____ _____

Name | Relationship | Daytime phone number

Applicant represents that all of the information on this application is true and correct and authorizes verification including the obtaining of a credit report now and again in the future. False/Incorrect information will result in denial of the application. By signing, applicant states: "I understand that inquiries will be made about me. I authorize, without reservation, any party or agency to furnish completely and without limitation, any and all information about me. I understand the information contained in, or obtained during the processing of this application may be shared with third parties including, but not limited to, my current, previous or future creditors or their representatives. I release from liability any third party or user of information contained in or related to my application."

EQUAL HOUSING OPPORTUNITY

_____ _____

Applicant Signature | Date