

Application for Occupancy

Apartment type _____
Move-in date _____
Referred by _____
Lease term _____

(Fill in all spaces)

First Name: _____ Middle: _____ Last: _____

SSN: _____ - _____ - _____ Date of birth: _____ / _____ / _____ Married _____ Single _____

Phone (_____) _____ Cell Phone (_____) _____ E-mail _____

Spouse:

First Name: _____ Middle: _____ Last: _____

SSN: _____ - _____ - _____ Date of birth: _____ / _____ / _____ Maiden: _____

Information about other occupants.

(Separate application required for all adults except spouse)

Name: _____ Relationship: _____ Date of birth: _____ / _____ / _____ Age: _____

Name: _____ Relationship: _____ Date of birth: _____ / _____ / _____ Age: _____

Name: _____ Relationship: _____ Date of birth: _____ / _____ / _____ Age: _____

Residential Information

Present Address: _____ Unit#: _____

City: _____ State: _____ Zip code: _____

Landlord/Community name: _____

Office/landlord phone: (_____) _____ From: _____ / _____ To: _____ / _____

Former Address: _____ Unit#: _____

City: _____ State: _____ Zip code: _____

Landlord/Community name: _____

Office/landlord phone: (_____) _____ From: _____ / _____ To: _____ / _____

Former Address: _____ Unit#: _____

City: _____ State: _____ Zip code: _____

Landlord/Community name: _____

Office/landlord phone: (_____) _____ From: _____ / _____ To: _____ / _____

Spouse

Present Address: _____ Unit#: _____

City: _____ State: _____ Zip code: _____

Landlord/Community name: _____

Office/landlord phone: (_____) _____ From: _____ / _____ To: _____ / _____

Former Address: _____ Unit#: _____
City: _____ State: _____ Zip code: _____
Landlord/Community name: _____
Office/landlord phone: (_____) _____ From: _____ / _____ To: _____ / _____

Employment

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip code: _____ Position: _____
Office #(_____) _____ Fax #(_____) _____ Monthly Gross income: _____
How long employed: Years _____ and Months _____ From: _____ / _____ To: _____ / _____
Supervisor's Name: _____ Supervisor's phone: (_____) _____

Former Employer Name: _____
Address: _____
City: _____ State: _____ Zip code: _____ Position: _____
Office #(_____) _____ Fax #(_____) _____
How long employed: Years _____ and Months _____ From: _____ / _____ To: _____ / _____
Supervisor's Name: _____ Supervisor's phone: (_____) _____

Spouse

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip code: _____ Position: _____
Office #(_____) _____ Fax #(_____) _____ Monthly Gross income: _____
How long employed: Years _____ and Months _____ From: _____ / _____ To: _____ / _____
Supervisor's Name: _____ Supervisor's phone: (_____) _____

Former Employer Name: _____
Address: _____
City: _____ State: _____ Zip code: _____ Position: _____
Office #(_____) _____ Fax #(_____) _____
How long employed: Years _____ and Months _____ From: _____ / _____ To: _____ / _____
Supervisor's Name: _____ Supervisor's phone: (_____) _____

Other Income

Please list any SSI, Pension, Disability, Student Grants, Dividends, Child Support etc.

Name: _____ Type of Income: _____
Amount \$ _____ How often received: _____
Name: _____ Type of Income: _____
Amount \$ _____ How often received: _____
Name: _____ Type of Income: _____
Amount \$ _____ How often received: _____

General Questionnaire

Driver's License # _____ State: _____ Expiration date: _____
Spouse License #: _____ State: _____ Expiration date: _____
Number of vehicles you would liked to park on property: # _____
Make/Model: _____ Year: _____ Color: _____ Plate #: _____
Make/Model: _____ Year: _____ Color: _____ Plate #: _____

Do you have a waterbed? Yes _____ No _____
Do you have waterbed insurance? Yes _____ No _____

List person to notify and person you authorize to take possession of your property in Case of Emergency
For applicant For co-applicant

Name _____	Relation: _____	Name _____	Relation: _____
Address _____	_____	Address _____	_____
City/State _____	_____	City/State _____	_____
Wk # _____	Home # _____	Wk # _____	Home # _____

Answer all Questions (All Adults and Juvenile Applicants)

1. Do you have any judgments or any collections from any apartment communities or landlords? Yes _____ No _____
2. Have you ever been evicted? Yes _____ No _____
3. Have you ever been asked to leave a property, or moved to avoid eviction? Yes _____ No _____
4. Have you declared Bankruptcy? Yes _____ No _____
5. Do you use Illegal drugs? Yes _____ No _____
6. Do you engage in the distribution or sale of illegal drugs? Yes _____ No _____
7. Are you a member of a gang or a member of a gang currently involved in any criminal activity? Yes _____ No _____
8. Have you, or anyone (including all potential occupants) on this application, ever pled no contest to, plead guilty to, or been convicted of a **Felony**? Yes _____ No _____
9. Have you, or anyone on this application, ever pled no contest to, plead guilty to, or been convicted of a Misdemeanor? Yes _____ No _____ If yes please explain: _____
10. Are there any criminal cases currently filed or pending against you or any prospective lessee or occupant?
Yes _____ No _____ If yes please explain: _____

Note: Management is not responsible for damages to residents' property unless caused by negligence on the part of management or an employee of management. Residents are strongly advised to obtain renters insurance to cover loss or damage to their property!

False statements or incomplete information will be grounds for denial of this application and/or Eviction, if information provided is later learned to be false or misleading.

Application must be signed by all adults who will occupy the apartment. Acceptance of this application, and any monies deposited herewith is not binding upon landlord until approved by landlord in writing. Application fee is non-refundable.

By signing below, Tenant acknowledges that: (1) a free copy of the ARIZONA RESIDENTIAL LANDLORD AND TENANT ACT is available through the ARIZONA SECRETARY OF STATE OFFICE, A.R.S. 33-1322; (2) The Landlord shall furnish upon move-in, a move-in form for specifying any existing damages to the Premises; (3) The tenant is hereby notified that Tenant is entitled to be present at the move-out inspection A.R.S. 33-1321 (c)

I/we hereby grant the owner, its manager, representative, affiliate, or vendor, the right to process this application, obtain all of my credit information from all credit reporting agencies for the purpose of obtaining, and thereafter, holding a Rental Lease Agreement with this owner/manager now, and such credit reports may also be obtained at any time during my tenancy, if my tenancy is approved; owner/manager/vendor/assignee may also obtain my credit reports thereafter for collection purpose at the sole discretion of landlord whether a judgment is obtained or not. I/we agree that at all times during the lease should management require a new application to be filled out, I/we agree to fill out a new application within 10 days after a written request is made. Additionally, I/we authorize all corporations, companies and law enforcement agencies; academic institutions; lending institutions; current and former employers, landlords, and mortgagees to release information they may have about my/our credit, criminal history, employment, finances, rental/ownership history, character history, and any other information needed by owner/manager. Applicant hereby releases landlord, owner, owner agents, attorneys, affiliates, members, employees, vendors and stockholders; owner's management company; manager's employees, agents, attorneys, affiliates, associates, members, vendors and stockholders; and all others performing any investigation regarding this application from any liability. A photographic or faxed copy of this application shall be as valid as the original.

Signature of All Applicants

X _____
Date: _____

X _____
Date: _____