

**ARIZONA MULTIHOUSING ASSOCIATION
RENTAL APPLICATION**

(Fill In All Spaces)

1. Name _____ Married _____ Single _____
Date of Birth _____ Present Phone No. (_____) _____ Soc. Sec. No. _____

2. Information about other occupants. (Separate Application required for all adults except spouse.)

Name	Relationship	Age (if under 18)	Social Security No.
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

3. Will a pet or assistive animal of any type live in your apartment? Yes No If yes, please describe:
Type _____ Weight (Full Grown) _____ Spayed/Neutered _____ Licensed/Date _____
Breed (If mixed, provide all significant blood lines.) _____

4. Residence Information:

Current Residence: Address _____ Apt. No. _____ City/State _____ Zip Code _____

How Long ____ Years ____ Mos. Name of Landlord _____ Landlord Phone (____) _____

If less than two years at your present address, list previous addresses below:

Former Residence: Address _____ Apt. No. _____ City/State _____ Zip Code _____

How Long ____ Years ____ Mos. Name of Landlord _____ Landlord Phone (____) _____

If less than two years at your present address, list previous addresses below:

Former Residence: Address _____ Apt. No. _____ City/State _____ Zip Code _____

How Long ____ Years ____ Mos. Name of Landlord _____ Landlord Phone (____) _____

For Office
Use Only

5. Employed by _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

Other Source(s) of Income for Rental Payment _____

If less than two years at your present employer, list previous employers below:

Former Employer _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

Former Employer _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

6. Spouse or Other Occupant's Name. (List maiden name if married less than two years.) _____

Date of Birth _____ Soc. Sec. No. _____

Employed by _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

Former Employer _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

7. Your Bank(s):

Name	Acct. No.	Savings/Checking	Branch	Address
_____	_____	_____	_____	_____

8. Credit References (Bank Cards, Credit Cards, Charge Accounts)

Type	Bank/Store/Company	Card/Account No.	Expiration Date
Bank Card _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

9. Your Driver's License No. _____ State _____ Expiration Date _____

Spouse's Driver's License No. _____ State _____ Expiration Date _____

Vehicles You Would Like to Park on Property:

Make/Model _____ Year _____ Color _____ License Plate No. _____ State _____

Auto _____

Auto _____

Motorcycle _____

Description of any other vehicle (boat, trailer, truck, recreational vehicle etc.) you would like to keep on property. Prior written permission separate from this Application must be obtained from management.

Other Vehicle: Make/Model _____ Year _____ Color _____ License Plate No. _____ State _____

10. Have you or your spouse/roommate ever been evicted? Yes No Declared Bankruptcy? Yes No

Do you use illegal drugs? Yes No Do you engage in the distribution or sale of illegal drugs? Yes No

Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? Yes No

If yes, please explain the reason: _____

11. Do you have any outstanding warrants for arrest? Yes No

12. Do you have a waterbed? Yes No Do you have waterbed insurance? Yes No

13. Person(s) to notify and person you authorize to take possession of your personal property in case of an emergency:

For Applicant

For Co-Applicant

Name _____

Name _____

Address _____

Address _____

City/State _____ Zip _____

City/State _____ Zip _____

Work Phone _____ Home Phone _____

Work Phone _____ Home Phone _____

Note: Management is not responsible for damage 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!

DEPOSIT TO HOLD AGREEMENT

In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$ _____ and a \$ _____ non-refundable fee for administrative processing. The holding deposit is refundable if my Application is not approved (14 day delay required for bank clearance of check). If my Application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit (14 day delay required for bank clearance of check) by notifying you of my decision to cancel by 5 p.m. on _____ 20____. Cancellation after this time will result in forfeiture of my holding deposit. **I must pay rent on or before my "rent start date" or my holding deposit will be forfeited and the apartment rented.** (I understand that Management and Management's employees are agents of and represent the owner.)

RENTAL AGREEMENT INFORMATION

Apt. # _____ Type _____ Furn _____ Unfurn _____ Partial _____ Agreement Length _____ Rent Start/Ending Date _____

MONTHLY RENTAL CHARGES

Rent _____

Pet Rent _____

Other _____

Total Monthly Rent _____

Rental Concessions at Move-In _____

First Month Rent _____

Sales Tax _____

City Sales Tax _____

(Subject to change during lease term) _____

TOTAL MONTHLY CHARGES _____

Utilities Paid By: Res _____ Owner _____

Non-Refundable Preparation Charge _____

Non-Refundable Pet Sanitizing Charge _____

Pet Deposit _____

Security Deposit _____

Less Holding Deposit _____

TOTAL DUE AT MOVE-IN _____

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this Application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move in. Management reserves the right to verify Application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit To Hold Agreement." This Application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

Applicant's Signature _____ Date _____ Management's Receipt _____ Date _____

