

Community _____

Leasing Agent _____

Manager _____

Lease Term _____

Rent Amount _____

Specials _____



LEASE APPLICATION

Form 1

Today's Date _____ Desired Move-in Date _____ Apt. No. _____

Full Name _____ Social Security No. _____ Date of Birth _____

Spouse/Roommate Name _____ Social Security No. _____ Date of Birth _____

OTHER PERSON(S) TO OCCUPY YOUR APARTMENT:

NAME	DATE OF BIRTH	RELATIONSHIP
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1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

RESIDENCE INFORMATION:

Present Address _____ City/State/Zip _____

Phone _____ E-mail Address _____

Rent/Own _____ Mo. Pay. \$ _____ Move-In Date _____

Landlord _____ Address/Phone _____

Reason for Leaving: _____

Prior Address _____ City/State/Zip _____

Rent/Own _____ Reason for Leaving _____ Dates _____

EMPLOYMENT INFORMATION (Applicant):

Present Employer _____ Address _____ City/State/Zip _____

Occupation _____ Phone _____ Supervisor _____

Date of Hire _____ Income (Monthly) _____ Other Income _____

Previous Employer _____ Address _____ City/State/Zip _____

Phone _____ From _____ To _____ Reason for Leaving _____

EMPLOYMENT INFORMATION (Spouse/Roommate):

Present Employer _____ Address _____ City/State/Zip _____

Occupation _____ Phone _____ Supervisor _____

Date of Hire _____ Income (Monthly) _____ Other Income _____

Previous Employer _____ Address _____ City/State/Zip _____

Phone _____ From _____ To _____ Reason for Leaving _____

BANK REFERENCES

Bank/Branch _____ City/State/Zip _____ Account No. _____

Other _____

REFERENCES:

Relative _____ Phone _____

Address _____ City/State/Zip _____ Relationship _____

Personal Friend _____ Phone _____

Address _____ City/State/Zip _____

In case of emergency, please notify (other than above): Name _____

Address _____ City/State/Zip _____ Phone _____

Do you have a waterbed? Yes No

If you have dogs, cats or other pets, please provide the following information: (In some communities pets may not be allowed). Type _____ Weight _____

Have you, or anyone who will reside with you, ever been convicted of any FELONY, been placed on PROBATION or PAROLE, been a member of a GANG, been involved in CRIMINAL activity, or any MISDEMEANOR involving violence or sexual misconduct? If so, when did this occur and for what crimes did the conviction(s) occur?

Yes No

DEPOSIT INFORMATION

The undersigned Applicant hereby deposits the sum of \$ _____ Dollars to hold a _____ apartment on a lease of \$ _____ Dollars per month for a term beginning _____, _____ and ending 12:00 noon _____, _____. Applicant shall sign Owner's standard form lease plus pay all rent, fees and deposits before taking possession of apartment.

If an apartment is not available on, or within thirty (30) days after the beginning of the lease term, Owner will refund the deposit and neither Owner nor Applicant will have any liability to the other on account of the lease or this deposit.

If Applicant wishes to terminate any obligation to rent the apartment and obtain a return of the deposit, Applicant shall make a request in writing, which Owner will receive no less than thirty (30) days before the beginning of the lease term. If Applicant does not give sufficient notice, if the lease is to begin in less than thirty (30) days or if applicant provides any false or misleading information, this application will be denied and the Owner shall retain the deposit as liquidated damages.

I have read and truthfully filled in the information requested in the blank spaces above, or marked them N/A (not applicable). I understand that the right to occupy an apartment cannot be granted until the management has completed its review of the information above. I agree that my deposit is non-refundable in the event that I decide not to take occupancy above. My signature on this application authorizes the management to run a credit and reference check on me for final approval/denial of this application. If deposit is paid by any funds other than certified funds, refundable deposit will take fourteen (14) days for return.

I (we) understand that a copy of The Arizona Residential Landlord Tenant Act is available through the Arizona Secretary of State's Office.

Applicant's Signature _____ Date _____ Spouse/Roommate's Signature _____ Date _____

Applicants will be charged a non-refundable application fee.

(02/02) WHITE: MAIN OFFICE YELLOW: FILE PINK: APPLICANT

Approved: _____
Denied: _____
Date: _____
Who: _____

OFFICE USE ONLY

VERIFICATION

Lease Length _____
Length of Stay _____
Monthly Rent _____
NSF _____
Late Pay _____
Violations _____
Verify By _____
Title _____
30 Day Notice _____
Comments _____
Prior Residence: _____

Checked Database

EMPLOYMENT

DOH _____
F/T P/T _____
Perm/Temp _____
Income _____
Ver. By _____
Title _____

SPOUSE/ROOMMATE

DOH _____
F/T P/T _____
Perm _____
Income _____
Ver. By _____
Title _____