

**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 (____) _____

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 _____

For Office
Use Only

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 _____	Address _____	Name _____	Address _____
City/State _____ Zip _____	Work Phone _____ Home Phone _____	City/State _____ Zip _____	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	Utilities Paid By: Res _____ Owner _____
Rent _____	Non-Refundable Preparation Charge _____
Pet Rent _____	Non-Refundable Pet Sanitizing Charge _____
Other _____	Pet Deposit _____
Total Monthly Rent _____	Security Deposit _____
Rental Concessions at Move-In _____	
First Month Rent _____	
Sales Tax _____	
City Sales Tax _____	Less Holding Deposit _____
(Subject to change during lease term) _____	
TOTAL MONTHLY CHARGES _____	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 _____

