

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 _____	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 _____

