



ARIZONA MULTHOUSING 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 _____	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 strong 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) _____	
<b>TOTAL MONTHLY CHARGES</b> _____	<b>TOTAL DUE AT MOVE-IN</b> _____

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 \_\_\_\_\_





## Prior Residence Authorization and Release Form

Name of Applicant \_\_\_\_\_

I, the undersigned, do hereby authorize \_\_\_\_\_ to completely and accurately answer these questions, I hereby release them from any liability for the answers provided.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Duration of residence: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Were any other persons identified on the lease? \_\_\_\_ Yes \_\_\_\_ No

If yes name: \_\_\_\_\_

Applicable rental rate during residency: \$ \_\_\_\_\_ /month

Was the full term of lease fulfilled? \_\_\_\_ Yes \_\_\_\_ No

Was the applicant the subject of a forcible detainer action? \_\_\_\_ Yes \_\_\_\_ No

If yes, state grounds: \_\_\_\_\_ Non-payment of rent  
\_\_\_\_\_ Immediate and Irreparable  
\_\_\_\_\_ Abandonment  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Did the applicant violate any community polices? \_\_\_\_ Yes \_\_\_\_ No

If yes, what policy? \_\_\_\_\_

Was the deposit or any portion thereof withheld due to damage to apartment? \_\_\_\_ Yes \_\_\_\_ No

If qualified, would the applicant be eligible to rent again?  
\_\_\_\_ Yes \_\_\_\_ No

I, \_\_\_\_\_, a duly authorized representative  
of \_\_\_\_\_ do hereby swear and affirm that the following is accurate and  
complete to the best of my knowledge:



## Employment Release and Authorization Form

Name of Applicant \_\_\_\_\_

I, the undersigned, do hereby authorize \_\_\_\_\_ to completely and accurately answer these questions, I hereby release them from any liability for the answers provided.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Duration of employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Title: \_\_\_\_\_

Applicable salary/wage during employment \$ \_\_\_\_\_/month

Eligible for rehire? \_\_\_\_\_

I, \_\_\_\_\_, a duly authorized representative of \_\_\_\_\_ do hereby swear and affirm that the following is accurate and complete to the best of my knowledge: