

ARIZONA MULTIHOUSING ASSOCIATION RENTAL APPLICATION

(Fill In All Spaces)

. Name					Married	Single	
Date of Birth		Present Phone No. ()_					
. Information about of	her occupants.	(Separate Application	required for all adult	s except spouse.)			
	Nam	e	Relationship	Age (if ur	nder 18)	Social Secur	rity No.
a							
b							
c							
Will a pet or assistive	e animal of any	type live in your apart	ment? Yes 🗖 No 🗖	If yes, please describe:			
Type	Weigh	t (Full Grown)	Spayed/Ne	euteredLicen	sed/Date		
Breed (If mixed, pro	vide all signific	ant blood lines.)					
Residence Information	on:						For Offi
Current Residence: A	.ddress		Apt NoC	ity/State	Zip Code		Use On
How LongYe	ars Mos.	Name of Landlord		Landlord Phone ()		.
If less than two years	s at your presen	t address, list previous	addresses below:				
Former Residence: A	ddress		Apt NoC	ity/State	Zip Code_		
How LongYe	ars Mos.	Name of Landlord		Landlord Phone ()		.
If less than two years	s at your presen	t address, list previous	addresses below:				
Former Residence: A	ddress		Apt NoC	ity/State	Zip Code_		
				Landlord Phone (.
Employed by			Address				.
				How Long			
Supervisor's Name_		Phone N	Number ()	Your Monthly	Income		.
Other Source(s) of Ir	ncome for Renta	al Payment					.
If less than two years	s at your presen	t employer, list previou	us employers below:				
				How Long			
Supervisor's Name_		Phone N	Number ()	Your Monthly	Income		
				How Long			
-					Your Monthly Income		.
Spouse or Other Occ	upant's Name.	(List maiden name if m	narried less than two	years.)			
Date of Birth			Soc. Sec. No				
							.
				How Long			
Supervisor's Name_		Phone N	Number ()	Your Monthly	Income		
				How Long			
Supervisor's Name_		Phone N	Number ()	Your Monthly	Income		.
. Your Bank(s):	Name	Acct. No.	Savings/Checkin	ng Branch	Address	5	
Cuadit Pafana (D	londs Cond - C	dit Conda Charra	ounts)				
. Credit Keterences (B	ank Cards, Cre Type	edit Cards, Charge Acco Bank/Store/Com		Card/Account No.	Evniro	tion Date	
Rank Card		Bank/Store/Com	1 5	Caru/Account Ivo.	Ехріга	non Date	
Dalik Calu							1

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					
permission separate from this Applica	tion must be obtained from	management.			
Other Vehicle: Make/Model	Year	Color	License Plate No.	State	
10. Have you or your spouse/roommate e				I	
Do you use illegal drugs? Yes □					
Have you ever been convicted of a fe					
assault, intimidation, sex crimes, drug yes, please explain the reason:	-related offenses, theft, disl	nonesty, prostitution,	obscenity and related vio	lations? Yes No 1	
11. Do you have any outstanding warrant					
12 Do you have a waterbed? Yes			s 🗆 No 🗆		
13. Person(s) to notify and person you au	•			new:	
For Applicant	morize to take possession o	i your personar prop	For Co-Applicant	Ly.	
Name		Nama	**		
Address					
City/State					
Work Phone Hon				Zip	
Note: Management is <u>not</u> responsible for				nonegament or an amplayed	
of management. Residents are strong advi				nanagement of an employee	
or management. Residents are strong advi	DEPOSIT TO H				
In consideration of management holding the apartm holding deposit is refundable if my Application is n to the required move-in costs. I may cancel this agre to cancel no later than 48 hours after the submission "rent start date" or my holding deposit will be forf owner.) Should any dispute arise over this Applicat their court costs and attorney's fees.	ot approved (14 day delay require rement and be refunded my holdin of this Application. Cancellation reited and the apartment rented. (I ion, it is agreed that the prevailing	ed for bank clearance of cl g deposit (14 day delay re after this time will result understand that Manager party to an action comme	neck). If my Application is appro- quired for bank clearance of che in forfeiture of my holding depo- ment and Management's employ- enced concerning this Application	oved, the holding deposit is credited ck) by notifying you of my decision sit. I must pay rent on or before makes are agents of and represent the	
	RENTAL AGREE				
Apt. #TypeFurnU	UnfurnPartial	Agreement Length	Rent Start/Ending I	Date	
MONTHLY RENTAL CHARGES			Owner		
RentPet Rent		Non-Refundable Preparation Charge Non-Refundable Pet Sanitizing Charge			
Other					
Total Monthly Rent		Security Deposit			
Rental Concessions at Move-In					
First Month Rent					
Sales TaxCity Sales Tax		Less Holding Denosit			
(Subject to change during lease term)		Less Holding Deposit			
TOTAL MONTHLY CHARGES		TOTAL DUE AT MO	VE-IN		
Applicant represents that all of the above statements are information contained herein constitutes grounds for reject evaluation of this Agreement before move in. Management false or misleading information is contained in this Applic owner's representative to execute a lease or deliver possession.	tion of this Application if discovered reserves the right to verify Applicationation. Applicant agrees to the terms o	before move-in. Applicant ac in information after move-in a	knowledges that management may n and may convert the proposed Rental	not be able to complete a comprehensive Agreement to a month-to-month term	
Applicant's Signature	DateN	Management's Receipt		Date	

