



THE VOICE OF ARIZONA'S APARTMENT INDUSTRY

ARIZONA MULTIHOUSING ASSOCIATION
RENTAL APPLICATION

(Fill in All Spaces)

1. Name Married Single
Date of Birth Present Phone No. Soc. Sec. No.
Email

Your Driver's License No. State Expiration Date
Spouse's Driver's License No. State Expiration Date

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. Employed by Address
Phone Position How Long Years Months
Supervisor's Name Phone Number Your Monthly Income
Other Sources of Income for Rental Payment

For Office Use Only

If less than two years at your present employer, list previous employers below:
Former Employer Address
Phone Position How Long Years Months
Supervisor's Name Phone Number Your Monthly Income
Former Employer Address
Phone Position How Long Years Months
Supervisor's Name Phone Number Your Monthly Income

4. Spouse (List maiden name if married less than two years.)

Date of Birth Soc. Sec. No.
Employed by Address
Phone Position How Long Years Months
Supervisor's Name Phone Number Your Monthly Income
Other Sources 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 Months
Supervisor's Name Phone Number Your Monthly Income
Former Employer Address
Phone Position How Long Years Months

5. Residence Information:

Current Residence: Address Apt. No. City/State Zip Code
How Long Years Months Name of Landlord Landlord Phone
Former Residence: Address Apt. No. City/State Zip Code
How Long Years Months Name of Landlord Landlord Phone
Former Residence: Address Apt. No. City/State Zip Code
How Long Years Months Name of Landlord Landlord Phone

6. Your Bank(s): Name Acct. No. Savings/Checking Branch Address

7. Credit References (Bank Cards, Credit Cards, Charge Accounts)
Type Bank/Store/Company Card/Account No. Expiration Date
Bank Card
Other
Other

8. 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.)

9. 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, 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 outstanding warrants for your 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 \$_____ 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 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 _____



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