

**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 (\_\_\_\_) \_\_\_\_\_

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 _____	Name _____	Name _____	Name _____
Address _____	Address _____	Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____	City/State _____ Zip _____	City/State _____ Zip _____
Work Phone _____ Home Phone _____	Work Phone _____ Home Phone _____	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 _____
<b>MONTHLY RENTAL CHARGES</b>	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 \_\_\_\_\_



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\* electric/phone/cable \_\_\_\_\_  
 # water/sewer/trash \_\_\_\_\_