

TO BE COMPLETED BY OWNER'S REPRESENTATIVE:	APT. # _____	APPLICATION FEE \$ _____
SECURITY DEPOSIT \$ _____	PET DEPOSIT \$ _____	PET FEE \$ _____
LEASE TERM: _____ TO: _____	APT RENTS \$ _____	PET RENT \$ _____
CARPORNT RENT \$ _____	GARAGE RENT \$ _____	STORAGE RENT \$ _____
OTHER (specify) _____ \$ _____	OTHER (specify) _____ \$ _____	PREP FEE \$ _____
TOTAL PAID AS OF DATE OF APPLICATION \$ _____	TAX \$ _____	

CASHIER'S CHECK OR MONEY ORDER ONLY UPON MOVE-IN

(each co-resident must submit a separate application)

TODAY'S DATE _____ E-mail _____

APPLICANT'S NAME _____ DATE OF BIRTH _____ SS # _____
First Middle Last

MARITAL STATUS _____ DRIVER'S LICENSE # _____ STATE _____

SPOUSE'S NAME _____ DATE OF BIRTH _____ SS # _____
First Middle Last

HOME PHONE # _____ DRIVER'S LICENSE # _____ STATE _____

OTHER OCCUPANTS _____
Name Date of Birth Relationship Name Date of Birth Relationship

_____ Name Date of Birth Relationship Name Date of Birth Relationship

RESIDENCY	PRESENT ADDRESS _____ <small>Street Apt. # City State Zip</small>
	DATES FROM _____ TO _____ APT/MORTGAGE CO NAME _____ PHONE # _____
	PREVIOUS ADDRESS _____ <small>Street Apt. # City State Zip Length of Residency</small>
	PREVIOUS APT. NAME _____ ADDRESS _____ PHONE # _____ HOW LONG? _____
	MONTHLY PAYMENT \$ _____ REASON FOR MOVNG _____
REASON FOR LEASING HERE _____	
EMPLOYMENT	SOURCE OF INCOME _____ POSITION _____
	BUSINESS ADDRESS _____ PHONE # _____ <small>Street City State Zip</small>
	SUPERVISOR _____ EMPLOYED SINCE _____ GROSS MONTHLY \$ _____
	PREVIOUS INCOME _____ POSITION _____
	BUSINESS ADDRESS _____ PHONE # _____ <small>Street City State Zip</small>
	SUPERVISOR _____ EMPLOYED SINCE _____ GROSS MONTHLY \$ _____
	SPOUSE EMPLOYER _____ POSITION _____
BUSINESS ADDRESS _____ PHONE # _____ <small>Street City State Zip</small>	
SUPERVISOR _____ EMPLOYED SINCE _____ GROSS MONTHLY \$ _____	
ADDITIONAL MONTHLY INCOME (IF ANY) _____ SOURCE _____	
PET	BREED OF PET _____ Age _____ Weight/Height When Full Grown _____
VEHICLE	YEAR & MAKE _____ COLOR _____ LICENSE # & STATE _____ REGISTERED TO _____
	YEAR & MAKE _____ COLOR _____ LICENSE # & STATE _____ REGISTERED TO _____
	GIVE DESCRIPTION AND TAG NUMBERS OF ANY OTHER VEHICLES _____

HAVE YOU OR YOUR SPOUSE/ROOMMATE DECLARED BANKRUPTCY? YES NO

HAVE YOU OR YOU SPOUSE/ROOMMATE EVER BEEN CONVICTD OF ANY CRIME OR ARE YOU CURRENTLY ENGAGED IN ANY CRIMINAL ACTIVITY? YES NO

HAVE YOU RECEIVED AND READ THE CRIME-FREE LEASE ADDENDUM? YES NO

EMERGENCY CONTACT NAME (NEAREST RELATIVE NOT LIVING WITH YOU) _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ WORK PHONE # _____ HOME PHONE # _____

IN THE EVENT OF SERIOUS ILLNESS OR DEATH, THE ABOVE EMERGENCY CONTACT IS IS NOT AUTHORIZED TO ENTER THE APARTMENT AND REMOVE ALL CONTENTS.

Applicant(s) represents that all the above statements are true and complete, and hereby authorize verification of the above information. Verification shall include, but not be limited to the procurement of a personal credit history(s). Credit history(s) will be used to qualify the applicant as well as to collect outstanding debt at termination if necessary. Applicant(s) acknowledges that false information herein may constitute grounds for rejection of this application, termination of occupancy, and/or non-return of deposits (see below) and may constitute criminal offense under the laws of this state. By signing, applicant(s) acknowledges that a free copy of the Arizona Residential Landlord and Tenant Act is available through the Arizona Secretary of State's Office, A.R.S. 33-1322.

A deposit of \$ _____ has been received from applicant(s) to hold said apartment off the market. Applicant(s) understand that this is subject to approval and acceptance by owner or his authorized representative. Applicant(s) agrees to execute the community's lease agreement before possession of residence is given and to pay any balance due. Applicant(s) agrees that all deposits will be applied toward the total security deposit upon move-in. Applicant(s) agrees that the entire deposit will be forfeited if applicant(s) cancel after two (2) days from the date below. In the event that this application is canceled within two (2) days from the date below, applicant(s) understands that a refund of the deposit minus _____ processing fee will be sent by mail. Applicant(s) hereby waives any claim for damages by reason of non-acceptance of this application. Completion and submission of this application is not a guarantee of occupancy nor a binding reservation for any apartment. Wait listed rentals are taken so as to determine priority only, and do not constitute a guarantee of occupancy.

I, the undersigned Applicant, have read and agree to all provisions of this application.

APPLICANT SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

OWNER REPRESENTATIVES SIGNATURE _____ DATE _____

THIS PROPERTY AID AND SUPPORT DRUG-FREE HOUSING AS ESTABLISHED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD). WE DO NOT TOLERATE THE USE, MANUFACTURE OR DISTRIBUTION OF CONTROLLED SUBSTANCES.