

**RENTAL APPLICATION**

Each Co-Resident or Co-Signer Must Submit A Separate Application

Please Print Using Black or Blue Ink

Applicant's Name: \_\_\_\_\_  
Birth Date (MM-DD-YY): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
Birth Date (MM-DD-YY): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Pets: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_

-----**RESIDENCE HISTORY**-----

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Own/Rent: \_\_\_\_\_ Dates: \_\_\_\_\_  
Landlord's Name/ Mortgage Company/ Apartment Community: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Own/Rent: \_\_\_\_\_ Dates: \_\_\_\_\_  
Landlord's Name/ Mortgage Company/ Apartment Community: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Verified: \_\_\_\_\_

-----**EMPLOYMENT HISTORY**-----

Current Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Income: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Income: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Additional Income such as child support, alimony, or separate maintenance need not be disclosed UNLESS such additional income is to be included for qualification hereunder. Source: \_\_\_\_\_ Amount: \_\_\_\_\_ per \_\_\_\_\_.

Verified: \_\_\_\_\_

-----**PERSONAL DATA**-----

In case of emergency, please contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ This person is authorized to remove and store all contents of dwelling/mailbox in the event of serious illness or death (Yes/No) \_\_\_\_\_.

Have you or your spouse ever: Been Evicted? \_\_\_\_\_ Broken a Rental Agreement? \_\_\_\_\_ Convicted of a Felony? \_\_\_\_\_  
Convicted of a Drug Related Crime? \_\_\_\_\_ Please Explain (on additional sheet(s)): \_\_\_\_\_

List All Other Occupants Who Will Not Sign Lease (children, parents, planned guests – those over 18 must complete an application):

- 1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

-----**AUTHORIZATION TO RUN CREDIT**-----

The undersigned persons represent that all the above statements are true and complete and hereby authorize verification of such information. False information given above shall entitle owner to (1) Reject this application, (2) Retain application fee(s) as liquidated damages for owner's time and expense of processing this application, and (3) Terminate resident's right of occupancy. False information may also constitute a serious criminal offense under the laws of the state. Applicant authorizes Arizona Guest Casitas to access a credit report for credit evaluation. Any information contained herein will be used, should an eviction action become necessary.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_