



THE MARICOPA REAL ESTATE COMPANY

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) Soc. Sec. 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 _____

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 (_____) _____

5. Employed by _____ Address _____
Phone (_____) _____ Position _____ How Long _____ Years _____ Mos.

Supervisor's Name _____ Phone Number (_____) _____ Your Monthly Income _____

Other Source of Income for Rental Payment _____

If less than two years at you 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 _____ Date of Birth _____ Soc. Sec. No. _____
(Maiden Name If Married Less Than Two Years)

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 Exp. Date

Bank Card _____

Other _____

Other _____

9. Your Driver's License No. _____ State _____ Exp. Date _____

Spouse's Driver's License No. _____ State _____ Exp. 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 you 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 Emergency.

For Applicant

For Co-Applicant

Name _____

Name _____

Address _____

Address _____

City/State _____

City/State _____

Work Phone _____ Home _____

Work Phone _____ Home _____

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 strong advised to obtain renters insurance to cover loss or damage to their property!

DEPOSIT TO HOLD AGREEMENT

(To be completed on one Application per apartment only)

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 rents 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/End Date _____

MONTHLY RENTAL CHARGED

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 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 due to false or misleading information 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 _____

Co-Applicant's Signature _____ Date _____