



RENTAL APPLICATION

CRYSTAL POINTE APARTMENTS
15826 N. 32ND Street, Phoenix, Arizona 85032
Telephone: (602) 971-9724 • Fax: (602) 493-5657

The undersigned hereby makes application to rent Residence # _____ at **Crystal Pointe Apartments** for a lease term of _____ months, commencing on _____, 20____, at a monthly rental rate of \$_____.

NOTE: Each co-applicant must complete a separate Rental Application form. PLEASE PRINT.

PART I: HOUSEHOLD COMPOSITION

# of Applicants	Last Name	First Name, MI	Category	Full-Time Student YES or NO	Single Married Divorced SeParated Engaged	Birth Date	Social Security Number
1			HOH	<input type="checkbox"/> Y <input type="checkbox"/> N			
2				<input type="checkbox"/> Y <input type="checkbox"/> N			
3				<input type="checkbox"/> Y <input type="checkbox"/> N			
4				<input type="checkbox"/> Y <input type="checkbox"/> N			
5				<input type="checkbox"/> Y <input type="checkbox"/> N			
6				<input type="checkbox"/> Y <input type="checkbox"/> N			

PART II: STUDENT STATUS

- Are all household members full-time students, or planning to become full-time students within the next 12 months? ☐ YES ☐ NO
If YES to the above, please answer the following:
- Is the household comprised of a single parent with school-age child(ren), none of whom are dependent on a third party, other than the other parent? ☐ YES ☐ NO
- Are the HOH and co-applicant married, and do they file a joint income tax return? ☐ YES ☐ NO
- Does the household receive AFDC or TANF, or other benefits under Title IV? ☐ YES ☐ NO
- Does the household receive Food Stamps? ☐ YES ☐ NO
- Are any of the students participants in the Job Training Partnership Act, or other similar Workforce Investment Acts? ☐ YES ☐ NO
- Do any of the students receive scholarships, PELL grants, or other cash grants or assistance? ☐ YES ☐ NO
- Was the household previously under the care and placement responsibility of the local county children services agency (i.e. foster care)? ☐ YES ☐ NO

☐ OWN ☐ RENT

PART III: RENTAL HISTORY

Current Street Address	Current City, State, Zip (required)	How Long?	Reason for Leaving
Monthly Payment, Including Utilities	Name of Landlord	Landlord Telephone or Fax	
Home Telephone	Work Telephone	Do you Have a Pet? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please describe
E-mail Address			

IF RESIDENCY AT THE ABOVE LOCATION HAS BEEN LESS THAN 2 YEARS, PLEASE COMPLETE THE FOLLOWING:

Previous Street Address	Previous City, State, Zip (required)	<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	Reason for Leaving
Monthly Payment, Including Utilities	Name of Landlord	Landlord Telephone or Fax	

PART IV: CREDIT REFERENCES

Bank Name

Checking Account Number

Savings Account Number

Visa Account Number

Driver's License Number

State Issued

Expires

Vehicle Make & Model

Year

Plate Number

HAVE YOU EVER:

Filed for Bankruptcy?

☐ YES ☐ NO

If Yes, please explain

Been Evicted from Tenancy?

☐ YES ☐ NO

If Yes, please explain

Been Arrested for, or Convicted of, a Felony or Misdemeanor? ☐ YES ☐ NO

If Yes, please explain

APPROXIMATE MONTHLY AMOUNT(S) OF RECURRING EXPENSE(S):

\$ Car Payment(s) \$ Credit Card(s) \$ Loan(s) \$ Other

Emergency Contact Name & Phone Numbers

Relationship to Emergency Contact

PART V: CRIMINAL BACKGROUND

Have you ever been Arrested for, or Convicted of, a Felony or Misdemeanor?

☐ YES ☐ NO

If Yes, please explain

Kay-Kay Realty Corp. has a policy to review individual criminal history on a case-by-case basis without predetermined approval or rejection criteria as to the history itself. However, failure to accurately disclose is a basis for rejection. Please provide an accurate disclosure of any history of criminal background, including felony and misdemeanor arrests and convictions in the past 10 years.

PART VI: RECURRING INCOME

CHECK ALL THAT APPLY: ☐ Employed Full-Time ☐ Employed Part-Time ☐ Self-Employed ☐ Non-Employed ☐ Unemployed ☐ Retired

Current Employer _____
Position _____
How Long? _____
Supervisor's Name

Telephone Number _____
Fax Number _____
Address

CURRENT WAGES (must include anticipated overtime and bonuses):

Hourly Wage Rate: \$ _____ Avg. Hours Worked Per Week: _____ Estimated Monthly Gross Earnings: \$ _____

Do you regularly get tips, commissions, bonuses or other compensation? ☐ YES ☐ NO If Yes, \$ _____ per _____

Do you have more than one job? ☐ YES ☐ NO (If Yes, you will need to provide details on a separate form)

OTHER INCOME: *Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount, if applicable.*

"Other"
Monthly Income

Alimony/Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
AFDC/TANF	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Food Stamps	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Social Security/Disability	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Retirement/Pensions/Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Unemployment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Worker's Compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Recurring Gifts from Family	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Grants & Scholarships	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Other Recurring Monies	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

PART VII: ASSETS

ASSETS: *Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.*

			Value	Estimated Annual Earnings Per Asset
Cash	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
Checking Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
Prepaid Debit Card Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
Savings Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
Money Market, CDs and other	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
Stocks/Bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
IRA, 401(k), Keogh	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
Real Estate	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
Boat, Trailer, Recreational Vehicle	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
Life Insurance Policies	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	
Other Assets	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____	

ASSET TOTALS: \$ _____ \$ _____

Has any member of the household disposed of an asset of more than \$1,000 for less than fair market value within the last 24 months?

☐ YES ☐ NO

PART VIII: SECTION 8 HOUSING ASSISTANCE

Do you receive Section 8 assistance? ☐ YES ☐ NO (If Yes, please complete the rest of this section)

Name of Caseworker

Telephone of Caseworker

Voucher Amount

Last Recertification Date

Approved Residence Size

Number of Adults

Number of Children

PART IX: PEST DISCLOSURE

Have you been exposed to bedbugs or cockroaches in your current or prior residences? ☐ YES ☐ NO

IF YES: Date Treated _____

Has the treatment been effective? ☐ YES ☐ NO

Do you currently have them? ☐ YES ☐ NO

What steps will you take to avoid bringing them with you? _____

PART X: FAIR HOUSING DISCLOSURE

Kay-Kay Realty Corp. endeavors to remain in compliance with all laws pertaining to Fair Housing and the Americans with Disabilities Act. Requests for accommodation to our Policies and Procedures or modification to our property should be made in writing, if possible, to avoid miscommunication.

Below, please check any that apply:

- ☐ I require an accessible residence.
- ☐ I have a service animal.
- ☐ I need to discuss accommodations or modifications.

PART XI: CERTIFICATION

I hereby apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to Kay-Kay Realty Corp., agent for the owner of the community, to accept this Rental Application, I certify that all information contained herein is true, complete and accurate. Material falsification of information provided may result in the denial of this application or in the termination of the Lease Agreement.

I understand that changes in household size are not permitted without management authorization. I hereby certify that I do not anticipate any changes in household composition during the initial term of the lease.

I hereby deposit \$_____ as an earnest deposit to be refunded to me in full within ten (10) business days if this application is not approved and accepted. I hereby waive any claim to damages by reason of non-acceptance.

Upon acceptance of this application, this deposit shall be applied to the move-in costs. When so approved and accepted, I agree to execute a Lease Agreement before possession is delivered, and to pay the balance of the security and other move-in costs. ONCE APPROVED, IF I FAIL TO TAKE POSSESSION OF THE RESIDENCE BY THE DATE AGREED UPON, THE DEPOSIT WILL BE FORFEITED.

Landlord reserves the right to require additional refundable security deposits or to decline the application based upon its qualification standards for the community. If additional refundable deposits are required, I understand that I will have 24 hours to accept the unit and post the additional deposit, or it may be leased to another party. I also understand I may appeal a decision to deny this application or deposit requirements by emailing the Leasing Committee at LC@kay-kay.biz or writing via US Mail to Kay-Kay Realty Corp., Attention: Leasing Committee, 6908 E. Thomas Road, Suite 300, Scottsdale, Arizona 85351.

By execution of this Rental Application, I hereby authorize Kay-Kay Realty Corp., or its agent, to make such investigations into my credit, employment, rental, and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you. I acknowledge credit and/or criminal background information will be obtained from LexisNexis® Resident Screening Solutions, Inc., and understand that LexisNexis will not participate in the decision to approve or reject this application.

I understand that this community limits the number of occupants to two persons per bedroom.

SIGNATURE OF APPLICANT

DATE