

# Rental Application

## Unit Applying For

41716 N Raleigh Ct; Anthem, AZ 85086

## Applicant Information

Name:	Driver's License Number & Expiration Date:	
Date of Birth:	SSN:	Phone:
Email Address:	Best Way to Reach You: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email (Check One)	
Current Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Check One)	Monthly Payment or Rent: \$	How Long:
Previous Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Owned <input type="checkbox"/> Rented (Check One)	Monthly Payment or Rent: \$	How Long:
Landlord Name:	Landlord Phone:	Date Notice Given:

## Employment Information

Current Employer:		
Employer Address:		How Long:
City:	State:	Zip Code:
Phone:	Email:	Fax:
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Check One)	Annual Income: \$

## Co-Applicant Information

Name:	Driver's License Number & Expiration Date:	
Date of Birth:	SSN:	Phone:
Email Address:	Best Way to Reach You: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email (Check One)	
Current Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Check One)	Monthly Payment or Rent: \$	How Long:
Previous Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Owned <input type="checkbox"/> Rented (Check One)	Monthly Payment or Rent: \$	How Long:
Landlord Name:	Landlord Phone:	Date Notice Given:

## Co-Applicant Employment Information

Current Employer:		
Employer Address:		How Long:
City:	State:	Zip Code:
Phone:	Email:	Fax:
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Check One)	Annual Income: \$

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## Automobile Information

**Automobile # 1:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_

\* **Automobile # 2:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_

*\* Only one covered vehicle parking space will be provided. Additional parking may be available in the visitor parking area in front of complex.*

## Financial Information

**Checking Account:** Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**Savings Account:** Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Have you ever been evicted?  Yes  No If yes, explain: \_\_\_\_\_

Have you filed bankruptcy?  Yes  No If yes, explain: \_\_\_\_\_

Ever convicted of a crime?  Yes  No If yes, explain: \_\_\_\_\_

Do you have credit cards?  Yes  No Total Balance Due: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Do you have any loans?  Yes  No Total Balance Due: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

**Estimated Credit Score:** Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Do you have any pets?  Yes  No Indicate Type and Size: \_\_\_\_\_

## Personal References

**Name 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contact

Name of a person not residing with you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Additional Occupants Information

Name 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Authorization

I/we declare that all information given in this application is true and correct. We authorize Jerry R Cole AM-41716, LLC to verify and obtain a credit report, verify landlords, employment and criminal reports. I have received a copy of this application.

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

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_