US Preferred Realty APPLICATION FOR OCCUPANCY



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REAL SOLUTIONS. REALTOR® SUCCESS CONSULT YOUR A	ttorney, tax advisor or p	rofessional consultant.			
Address of Rental Property Applying for:					
APPLICANT PERSONAL INFORM					
NAME:					
Single Married Separa	ated Divorced	(date of decree)			
EMAIL ADDRESS		TELEPHONE			
SOCIAL SECURITY NUMBER		DATE OF BIRTH			
DRIVER'S LICENSE / GOVERNMENT ISSUED ID N	IUMBER	STATE		EXPIRATION DATE	
DESIRED DATE OF OCCUPANCY		DESIRED LENGT	TH OF LEASE		
How did you hear about us?					
Sign Our website Ad	Referral:			Other:	
EMPLOYMENT & BANK REFERE					
Current Employer:			• • •	l l	
Address: Telephone: Department/Position:		_ City:	Stat	te: ZIP Code	:
Telephone:	How long?:		Start date	e:	
Department/Position:		Approximate	Monthly Gross I	ncome: \$	
If you have been with your current empl	oyer less than one	year, please comple	ete the following	g:	
Previous Employer:					
Address:		_ City:	Stat	te: ZIP Code	
Address:	How long?:		Date left:		
Please provide a valid, enlarged copy recent paystubs or proof of income.					
Bank:		Branch:			
Telephone:					
Account Number (checking):		Account Numbe	er (savings):		
Other Income:				(Indicate so	ource & amount)
RESIDENCE HISTORY (Minimum of					
Current Rent/Mortgage Payment: \$		How long?:		Own Rer	nt
Current Address:					
City:		State	e:	ZIP Code:	
Landlord:			Те	elephone:	

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Mortgage Company:	Telephone	2.	
Address:			
City:	State:	ZIP Code:	
If you have been at your current address less than one y		ving:	
Previous Address:			
City:	State:	ZIP Code:	
City: How Long?:	State:	ZIP Code:	
			- 🔳

Phone: 480.678.9882 Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

New Lease Appl

Fax: 480.295.7649

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PERSONAL REFERENCES

1.	Name:	Relation:	
	Address:	Telephone:	
2.	Name:	Relation:	
	Address:	Telephone:	
2.	Name:	Relation:	
	Address:	Telephone:	

DEPENDENTS/ADDITIONAL OCCUPANTS

Number of people who will occupy residence: _____

List occupants and their birthdates - CREDIT AND CRIMINAL BACKGROUND CHECKS WILL BE RUN ON EACH PERSON 18 & OVER.				
Name:	Relationship:	D.O.B.:		
Name:	Relationship:	D.O.B.:		
Name:	Relationship:	D.O.B.:		
Name:	Relationship:	D.O.B.:		

Additional occupants, see attached.

Person(s) to notify in case of emergency and that <u>you authorize</u> to enter and take possession of your personal property in the event of death, pursuant to A.R.S. §33-1314(F), disability or incarceration:

Name:				
Address:		City:	State:	ZIP Code:
Phone:	Email:			
PETS/SERVICE A	NIMALS			
Will you have pets?	Yes No (assistive ar	nd service animals are not co	onsidered "pets")	
Description of pets (rec	cent photo required):			
Breed:		_ Age: Ge	nder:	Weight:
Breed:			nder:	Weight:
Will you have an assist	ive or service animal? 🗌 Yes 🗌	No (accommodation	request required v	vith application)
VEHICLE INFORI	MATION			
Total Number of Vehicl	es (including company vehicles):			
Vehicles:				
Make:	Model:	Year:	Color:	Lic. Plate #:
	Model:	Year:	Color:	Lic. Plate #:
Make:	Model:	Year:	Color:	Lic. Plate #:
CREDIT AND BA	ion separate from this application m CKGROUND HISTORY STIONS FOR YOURSELF AND FC	-		DENCE)
Have vou ever been	evicted? Yes No			,
	ion ever been filed against you?	Yes No If so,	when:	
	ared bankruptcy? 🗌 Yes 📋 No		Discharge Dat	e:
Have you had two o	r more late rental payments in the	past year?	′es 🗌 No	
Have you ever willfu	lly or intentionally refused to pay re	ent when due? 🛛 🗌 Y	′es 🔲 No	
Do you currently ow	e any monies to an apartment com	imunity or landlord? 🛛 🗌 Y	′es 🔲 No	
Do you use illegal dr	ugs?	Г Т	′es 🔲 No	
Have you ever enga	ged in the distribution or sale of ille	egal drugs? 🛛 🗌 Y	′es 🔲 No	
	convicted, arrested or charged with		′es 🔲 No	
Please give detailed	explanation(s), date(s), and name	es for any question answere	d 'Yes' above:	
Deview				
Do you have any ou	tstanding warrants or anticipate an	y warrants for arrest? Y	'es No	

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ADDITIONAL INFORMATION

Have you or anyone in your household had, or do you presently have, bed bugs or other pest issues? 🔲 Yes 🗌 No	
If yes, please explain:	
Please give any information that might help evaluate this application:	

DEPOSIT TO HOLD AGREEMENT

In consideration of management holding this property for me, I agree to pay:

Earnest/holding deposit of a minimum of A non-refundable application fee of

_____ and per person over 18 in CERTIFIED FUNDS ONLY*

*Additional fees will apply for non-U.S. residents and will vary according to current rates. IF YOU ARE A NON-US RESIDENT, PLEASE CALL FOR CORRECT APPLICATION FEE AMOUNT BEFORE APPLYING.

\$

\$

\$

The earnest/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 earnest/holding deposit is credited to the required move-in costs. IF APPLICANT SHOULD WITHDRAW THIS APPLICATION WITHIN 7 DAYS AFTER WRITTEN NOTIFICATION OF ACCEPTANCE, a minimum of \$______

of the earnest/holding deposit WILL BE RETAINED in addition to the non-refundable application fee. **IF AFTER 7 DAYS** OF NOTIFICATION OF ACCEPTANCE, APPLICANT WITHDRAWS OR FAILS TO EXECUTE LEASE AGREEMENT, **ALL** EARNEST/ HOLDING **DEPOSIT MONIES WILL BE FORFEITED. UNDER NO CONDITIONS WILL APPLICATION FEE BE REFUNDED.**

Total deposits/fees submitted with application

I hereby authorize and instruct Owner/Broker/Property Manager to investigate the information supplied by me and to conduct inquiries concerning my income, credit and character for the purpose of verifying and qualifying for this rental and any renewals thereof. I further authorize the release of any and all information available from any reference, former owners, and credit reporting services, department of motor vehicles, and governmental agencies. I hereby release and hold harmless all parties from liability for any damages that may result from furnishing this information to its owners, its agents and others. NOTE: Copy of actual credit report will **not** be provided to applicant by Owner/Broker/Property Manager.

Applicant acknowledges that Owner/Broker/Property Manager may not be able to complete a comprehensive evaluation of this information prior to move-in. Owner/Broker/Property Manager reserves the right to verify application information after move-in and may convert the proposed Lease Agreement to a month-to-month term or declare the lease irreparably breached and seek immediate eviction if false or misleading information is contained in this Application. Applicant agrees to the terms of this Deposit to Hold Agreement. This application is preliminary only and does not obligate owner or owner's representatives to execute a lease or deliver possession of the proposed Property. Owner/Broker/Property Manager comply with federal, state and local fair housing laws and regulations.

Unless otherwise agreed, I understand that the Brokerage, its Broker, its Agents, and employees are agents of and represent the Owner in leasing this property.

APPLICANT

By signing below, I acknowledge and accept the qualifying criteria and policies of the Owner/Broker/Property Manager by which my application will be approved.

This application must be signed by applicant.

^ APPLICANT SIGNATURE

MO/DA/YR

FALSIFYING INFORMATION ON THIS APPLICATION IS GROUNDS FOR REJECTION.

FOR OFFICE USE ONLY

Agent Name:			
Co-Broke?	No Exclusive? Yes No		
Referred by:		At:	
ACCEPTED	Date of Written Notification: Date Denial Letter Was Sent:		
Non-resident applica	tion fee?		

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