

Arizona Rental Application

An individual application is required from each occupant 18 years of age or older. By submitting this Rental Application, authorization is given to the Community to obtain a credit report, eviction report, criminal background check and any other reports necessary to confirm the information disclosed below on the Applicant. Government Issued ID is necessary . **If the applicant has been issued a U.S. Social Security Number it needs to be provided below.** Please print when completing the information below.

OFFICE USE ONLY			
Community Name:	Apartment Number:	Monthly Rent:	Move-In Date:
Lease Term:	Date Received:	Other:	

APPLICANT INFORMATION	
Legal Name: (First, Middle, Last; disclose any alias, if applicable)	Date of Birth:
<input type="checkbox"/> Please check this box if you have been issued a U.S. Social Security Number.	<input type="checkbox"/> Please check this box if you have not been issued a U.S. Social Security Number. Please provide an alternate form of government issued ID below.
U.S. Social Security Number:	Type of ID: ID #:
Driver License #:	State Issued:
Best Contact Phone #: ()	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:
Additional Contact Phone #: ()	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:
Email Address:	

NAMES OF PERSONS OTHER THAN YOURSELF WHO WILL OCCUPY APARTMENT	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

CURRENT ADDRESS				
Street Address:	City:	County:	State:	Zip:
Monthly Rent Paid: \$	How long at this address Years: Months: From: To:			
Landlord or Community Name:	Phone #: ()	Email:		

PREVIOUS ADDRESS				
Street Address:	City:	State:	Zip:	
Monthly Rent Paid: \$	How long at this address Years: Months: From: To:			
Landlord or Community Name:	Phone #: ()	Email:		

CURRENT EMPLOYMENT		
Company Name:	Position:	Gross Monthly Income: \$
Address: City: State: Zip:		
Length of Employment: Years: Months: From: To:	Phone #: ()	Email:
Supervisor's Name:	Phone #: ()	Email:



Other Income (monthly): \$		Source:	
Other Assets: \$		Source:	
PREVIOUS EMPLOYER (INFORMATION REQUIRED IF YOU HAVE BEEN WITH CURRENT EMPLOYER LESS THAN ONE YEAR)			
Company Name:		Position:	Gross Monthly Income: \$
Address:	City	:	State: Zip:
Length of Employment: Years: Months: From: To:		Phone #: ()	Email:
PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS			
1. Have you filed for bankruptcy within the past seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you ever been evicted or asked to move? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Have you ever been convicted of a felony that involved an offense against property, persons, government officials, or involved firearms, illegal drugs or a sex crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>The parties agree that if there is any subsequent conviction of a felony that involved an offense against property, persons, government officials, or involved firearms, illegal drugs or a sex crime after approval of the Rental Application or move-in, the Resident agrees to immediately vacate the premises, remove all personal belongings, clean the premises, surrender possession and return all keys to management upon management's request.</i>			
PETS (NAME, COLOR, SEX, BREED AND WEIGHT INFORMATION IS ONLY REQUIRED FOR CATS AND DOGS.)			
Pet Type: <input type="checkbox"/> No Pet <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____		Name:	Color:
		Breed/Mix:	Sex:
			Approximate Weight:
Pet Type: <input type="checkbox"/> No Pet <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____		Name:	Color:
		Breed/Mix:	Sex:
			Approximate Weight:
AUTOMOBILES			
Year:	Make/Model:	Color:	License Plate #:
Year:	Make/Model:	Color:	License Plate #:
BANKING INFORMATION			
Bank Name:			
EMERGENCY CONTACT (OTHER THAN OCCUPANT IN YOUR NEW APARTMENT)			
Name:		Relationship:	Phone #: ()
Address:	City	:	State: Zip:
WHAT FACTORS MOST INFLUENCED YOUR DECISION TO CHOOSE THIS COMMUNITY? (CHOOSE UP TO THREE)			
<input type="checkbox"/> Apartment Features/Finishes <input type="checkbox"/> Property Appearance <input type="checkbox"/> Lease Terms <input type="checkbox"/> Community Amenities <input type="checkbox"/> Location/Convenience <input type="checkbox"/> Floor Plans <input type="checkbox"/> Community Policies <input type="checkbox"/> Resident Referral <input type="checkbox"/> Staff/Management <input type="checkbox"/> Rent Amount <input type="checkbox"/> Parking <input type="checkbox"/> Other: _____			
RESIDENT REFERRAL (INFORMATION REQUIRED IF YOU WERE REFERRED BY A RESIDENT OR OTHER REFERRAL SOURCE)			
Name of referring resident or referral source:			
PLEASE PROVIDE THE FOLLOWING TO ASSIST US IN PROCESSING YOUR APPLICATION:			
1. Driver License, State I.D. Card, or other government-issued photo identification 2. Proof of Income (upon request) 3. Other information requested by your leasing representative.			
I authorize you to obtain an investigative report in connection with this application. I also understand that any false, deceptive or absent information will result in the rejection of this application. Signature: _____ Date: _____			
Renter's Insurance will be required prior to move-in. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.			
THANK YOU FOR CHOOSING ESSEX MANAGEMENT CORPORATION			

