



ATTENTION: ONLY APPLICATIONS FILLED OUT ON-LINE WILL BE ACCEPTED

APPLICATION FOR RENTAL

The following information is required so that the Property Manager may determine the Applicant's ability to fulfill the obligation of tenancy as set forth in the Tenant Selection Criteria form, which has been provided to you. Failure to accurately complete this application is, in of itself, grounds for denial.

APPLICANT PERSONAL INFORMATION:

Last name First Name Middle Name Suffix

Single Married Separated Divorced (date of decree)

EMAIL ADDRESS TELEPHONE

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVERS LICENSE/GOVERNMENT ISSUED ID NUMBER STATE EXPIRATION DATE

DESIRED DATE OF OCCUPANCY DESIRED LENGTH OF LEASE

How did you hear about us? Sign Our website Ad Referral: Other:

EMPLOYMENT REFERENCES (Minimum one year verified employment required)

Current Employer Position

City State Zip

Supervisor Phone Number How long? Start date

If you have been with your current employer less than one year, please complete the following:

Previous Employer: Telephone: Address City State Zip How long? Date left?

Please provide a valid, enlarged copy of your current driver's license or government issued photo ID and your 2 most recent paystubs, Military LES or other proof of income.

RESIDENCE HISTORY (Minimum three years required)

Current Rent/Mortgage Payment: \$ How long? Own Rent Current Address

City _____ State _____ Zip _____
Landlords Name _____ Phone # _____
Fax# _____ Email: _____

PREVIOUS ADDRESS

Street name _____
City _____ State _____ Zip _____ How long _____
Landlords Name _____ Phone # _____
Fax# _____ Email: _____

PRIOR PREVIOUS ADDRESS

Street name _____
City _____ State _____ Zip _____ How long _____
Landlords Name _____ Phone # _____
Fax# _____ Email: _____

INCOME

Applicant's MONTHLY net income \$ _____
Co-Applicant's MONTHLY net income (if applicable) \$ _____
Other income (specify) _____ \$ _____
TOTAL NET INCOME \$ _____

MONTHLY AND OTHER FINANCIAL OBLIGATIONS

ACCOUNT NAME	MONTHLY PAYMENTS
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____

DEPENDENTS/ADDITIONAL OCCUPANTS: LIST: NAMES, AGES AND RELATIONSHIP OF "OTHER" PERSONS TO BE OCCUPYING THE PREMISES, INCLUDING CHILDREN, RELATIVES, AND ADULT FRIENDS. – CREDIT AND CRIMINAL BACKGROUND CHECKS WILL BE RUN ON EACH PERSON 18 & OVER.

Number of people who will occupy residence: _____

NAME (other than Applicant)	D.O.B	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

List additional applicants on an attached page.

ANIMALS

Will you have any animals? Yes No

Description of animals (recent photo required):

Breed: _____ Age: _____ Gender _____ Weight _____
 Breed: _____ Age: _____ Gender _____ Weight _____
 Will you have an assistive or service animal? Yes No (accommodation request required with application)

LIST ALL VEHICLES TO BE PARKED ON OR NEAR THE PREMISIS:

MAKE	YEAR	MODEL	LICENSE #	STATE	COLOR
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Description of any other vehicles (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.

CREDIT AND BACKGROUND HISTORY

(ANSWER ALL QUESTIONS FOR YOURSELF AND FOR ANYONE WHO WILL OCCUPY THIS RESIDENCE)

1. Will you or other occupants have an animal? NO YES If yes provide their name, breed and weight of each: _____.
2. Why are you leaving your current address? _____.
3. Are you now or have you, the co-applicant or any household member ever:
 - A. Been evicted? YES NO
 - B. Has a notice of eviction or foreclosure been filed against you? YES NO
 - C. Broken a rental agreement? YES NO
 - D. Have you had two or more late rental payments? YES NO
 - E. Have you ever willfully or intentionally refused to pay rent when due? YES NO
 - F. Been sued for non-payment of rent or damages to rental property? YES NO
 - G. Do you currently owe any monies to an apartment community or landlord? Yes NO
 - H. Have you ever had any portion of a Refundable Security Deposit withheld? YES NO
 - I. Have you ever engaged in the distribution or sale of illegal drugs? Yes NO
 - J. Been arrested or convicted of any drug-related or alcohol-related activity? YES NO
 - K. Been arrested or convicted of the illegal manufacture or distribution of a controlled substance? YES NO _____
 - L. Have you ever been convicted, arrested or charged with any crime? YES NO _____
 - M. Do you have any outstanding warrants or anticipate any warrants for arrest? YES NO
 - N. Filed for Bankruptcy, or have a home in Foreclosure or Short Sale? YES NO
 - O. Used any other name(s)? Yes No is list names _____
 - P. A registered or unregistered sex offender? Yes No
 - Q. Have you or anyone in your household had, or do you presently have, bed bugs or other pest issues? YES NO

If the answer to any of the above questions is "YES" please give detailed explanation(s), date(s), and names: _____

Please give any information that might help evaluate this application:

Applicant represents that all of the above statements are true and complete and hereby authorize and instruct Preference Properties, LLC, through its designated agent and its employees, to obtain and verify my credit

information, income information, criminal information, terrorist information, sex offender information, rental and/or eviction information for the purpose of determining whether or not to lease a residence to me. I understand that should I lease a home, Preference Properties, LLC, and its agent shall have the continuing right to review my information, payment history and occupancy history for account review purposes and for improving application review methods.

4. Applicant acknowledges that false information provided by the applicant may constitute grounds for THE REJECTION OF THIS APPLICATION and may constitute a CRIMINAL OFFENSE UNDER THE LAWS OF THE STATE OF ARIZONA.

5. **Person(s) to notify in case of emergency:** In the event of an emergency or death, pursuant to A.R.S. 33-1314(F), disability or incarceration. Applicant(s) authorize the Agent to notify (family member):

Name _____ Relationship _____
Phone number _____ Address _____
City _____ State _____ Zip _____ Email _____

LIST THREE (3) PERSONAL REFERENCES: (Not including family members)

(1) _____
Name _____ Relationship _____

_____ Address _____ Contact phone # _____

(2) _____
Name _____ Relationship _____

_____ Address _____ Contact phone # _____

(3) _____
Name _____ Relationship _____

_____ Address _____ Contact phone # _____

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.

(Applicants Initials Required) _____
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.

Applicants Signature

Date

Property Managers Signature

Date

Time

FOR OFFICE USE ONLY

Referring Agent Name: _____ Company: _____

ACCEPTED Date of Notification: _____

REJECTED Date Denial Letter Was Sent _____

Revised 06/06/19

SAMPLE