Items to Turn in with Application:

- 1. Copy of your ID
- Paystubs (2 if possible) or Award letter for SSI Recipients
- 3. Money order for \$35 (if single) or \$50 (if married couple)



Property: _ Unit #:

- [] App Fee
- [] Holding Deposit
- [] Picture ID
- [] 2 Paystubs

Rental Criteria

All adults 18 years and older must submit an application for residency. A separate application fee is required for each application submitted, excluding any joint/married application. All applicants must have a valid government issued photo ID. Full time students may be accepted with an approved co-signer. Co-signer must not have automatic denials and qualify the same as any resident.

Occupancy Guidelines

- One (1) Bedroom dwellings may have a total of 2.5 occupants (.5 = child).
- Two (2) Bedroom dwellings may have a total of 2 roommates OR 4.5 family members (.5 = child).

Income, Credit, Rental History

- All applicants or co-signers that are financially responsible for the rent must pass a credit screening.
- All adults 18 years and older must pass a criminal background check.
- Gross monthly income must be equal to 2.5 times the amount of monthly rent.
- One month of current pay stubs or a notarized letter from employer must be provided.
- Self-employed applicants must provide two (2) years tax returns &/or 2 months bank statements.
- 75% of accounts shown on credit report must be positive (excluding all medical bills and/or student loans).
- Any bankruptcy must be discharged.

Criminal Background

- Any criminal background or felony conviction that is not deemed to be a threat to the community may be considered.
- Any applicant with misdemeanor or felony crimes involving violence or sex offenses will not be considered.

The following are grounds for immediate denial

- Any application that is falsified.
- Any application with a fraudulent social security number.
- Any application with two (2) or more unpaid landlord debts.
- Any application with a bankruptcy that has not been discharged.

3813 N. 15th Avenue Phoenix, AZ 85015 602-277-RENT (7368)



RENTAL APPLICATION

APPLICANT INFORMATION

Applicant Name:		Birth	date:		/	
Applicant Name: Social security number: Email:		_ Phn: () _		· · · · · · · · · · · · · · · · · · ·		
Email:	Applicant dri	ver's license:			State:	
Current address:	Apt No.	City/State:			Zip:	
Total # of Occupants: H	ow did you hear about	us? (optional): _			<u> </u>	
Emergency contact name: Do you have any pets? :	If we are the station	_ Emergency cor	ntact phor	ne: ()	
Do you have any pets? :	If yes, what kin	d?			· · · · · · · · · · · · · · · · · · ·	
Automobile: Make	Model:	Year:	_ Licen	se Plate:		
RENTAL HISTORY						
Current Landlord Name or Name	e of Management Comr	anv:				
Current Landlord Name or Name Phone: ()	Monthly Rent:	How	long:	Years	Mos.	
Reason for leaving:			•			
If Less than two years at your pl	resent address, list previ	ious addresses b	elow:			
Landlord Name or Name of Mar Phone: ()	agement Company:				_	
Phone: ()	Monthly Rent:	How	long:	Years	Mos.	
Reason for leaving:						
EMPLOYMENT						
	5.	. ,				
Employer name:	Phon	e number: ()			
Employer Address:		City/State:			Zip:	
Length of Employment:Ye	ars Mos. Monthly	Income:				
Pay Frequency: (Circle One)	Weekly Bi-Weekly	Twice a Month	Mont	hly		
				,		
Assets (trust fund, car, etc):	resent employer, list pre	vious employer b	elow:			
Employer name:	Phon	e number: ()	-		
Employer Address:		City/State:	/		Zip:	
Employer Address: Employment dates:/	/to /	/				
ADDITIONAL OCCUPANTS						

Please provide the required information for any additional applicant that is to be added to the lease.

Occupant Name:	Birth date:/	/
Social security number:	Phn: ()	
Relationship to Applicant (optional):		_
Employer name:	Phone number: ()	
Employer Address:	City/State:	Zip:
Employment dates:/ to _	// Monthly Income:	



1. Have you or your spouse/roommate ever been evicted?	Yes No
If yes, how long ago?	
2. Declared Bankruptcy? Yes No	
3. Do you use illegal drugs? Yes No	
4. Do you engage in the distribution or sale of illegal drugs?	Yes No
5. Have you ever been convicted of a felony crime related to	b harm caused to a person or property, including but not limited
to arson, assault, intimidation, sex crimes, drug-related offer	nses, theft, dishonesty, prostitution, obscenity and related
violations? Yes No	

TERMS AND CONDITIONS

I understand that this is a routine application to establish credit, character, employment, and rental history. I also understand that this is NOT an agreement to rent and that all applications must be approved. I authorize verification of references given. I declare that the statements above are true and correct, and I agree that the landlord may terminate my agreement entered into in reliance on any misstatement made above.

By submitting this application I am giving Arizona Investment & Management permission to run a background check on myself and any cosigners.

Applicant Signature	Date	e/	/	
Secondary Applicant	Dat	e /	Ĩ	/

Management Signature_____ Date___/___/

DOCUMENTS NEEDED:

Please turn in this application with the following required documents:

- Money order for \$35 for application fee PER ADULT or \$50 for a married couple
- Identification (ie. Driver's License, State Issued ID, passport etc.)
- Proof of income. Acceptable documentation would be one of the following:
 - 2 of your most recent pay stubs
 - Bank statement showing deposits for one month.
 - Employment letter on a company letterhead with contact information for management/owner.

Everyone 18 and older MUST fill out an application and pay applicable fees, absolutely NO exceptions.

OFFICE USE ONLY

Agent Name PROPERTY INFORMATION			,	Approved By	
Rental Address:	Unit #:	City:		Zip:	
Monthly Rent:	Anticipated Move-In Date:	/	/		

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO:	(Name & address of employer)		Date:			
	-					
RE:	Applicant/Tenant Name		Social Security Nun	ıber	Unit # (if assigned)	
	authorize release of my employment inform					
	Signature of Applicant/Tenan			Date		
The ind	ividual named directly above is an applican		n that requires verifi		. The information provided	will
	confidential to satisfaction of that stated pur					
	Project Owner/Management Ag					
	Project Owner/Management Ag					
		Return Form To:				
	THIS S	ECTION TO BE COMP	PLETED BY EMI	PLOYER		
Employ	ee Name:	Job	Title:			
Presentl	y Employed: Yes Date First Er	nployed	No Last	Day of Employm	ent	
	t Wages/Salary: \$ hourly □ weekly □ bi-weekly □ se		\Box yearly \Box other			
Average	# of regular hours per week:	Year-to-date earnings: \$	from: _	//	_ through:///////	
Overtim	e Rate: \$ per hour	Average # of ov	vertime hours per we	ek:	_	
Shift Di	fferential Rate: \$ per hour	Average # of sh	ift differential hours	per week:		
Commis	ssions, bonuses, tips, other: \$ hourly □ weekly □ bi-weekly □ s	$\underline{\qquad} (check one) \\ emi-monthly \Box monthly$	□ yearly □ other	ſ		
List any	anticipated change in the employee's rate of	f pay within the next 12 mon	ths:		Effective date:	
If the er	nployee's work is seasonal or sporadic, plea	se indicate the layoff period(s	s):			
Addition	nal remarks:					
	Employer's Signature	Employer's Printe	ed Name		Date	
		Employer [Company] Nar	me and Address			
	Phone #	Fax #			E-mail	

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.