



2000 South Apache Road #320, Buckeye, AZ 85326
Community: (623) 386-2559 - Fax: (623) 386-3409

Credit Application

Applicant

Name: _____ S.S.N. _____ D.O.B. _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
How Long? ___ Years ___ Months Do You: ___ Rent ___ Own ___ Live with Relatives
Landlord or Management Company: _____
Phone: _____ Payment: \$ _____

Previous Address: _____
City: _____ State: _____ Zip: _____
How Long? ___ Years ___ Months Did You: ___ Rent ___ Own ___ Live with Relatives
Landlord or Management Company: _____
Phone: _____ Payment: \$ _____

Other Previous Address (5 Years): _____
City: _____ State: _____ Zip: _____
How Long? ___ Years ___ Months Did You: ___ Rent ___ Own ___ Live with Relatives
Landlord or Management Company: _____
Phone: _____ Payment: \$ _____

Employer: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Hire Date: _____ Job Title: _____ Monthly Salary: \$ _____

Previous Employer: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Hire Date: _____ Job Title: _____ Monthly Salary: \$ _____

Other Previous Employer (5 Years): _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Hire Date: _____ Job Title: _____ Monthly Salary: \$ _____

Other Source of Income: _____
Monthly Amount: \$ _____ Since _____ Until _____

Co-Applicant

Name: _____ S.S.N. _____ D.O.B. _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
How Long? ___ Years ___ Months Do You: ___ Rent ___ Own ___ Live with Relatives
Landlord or Management Company: _____
Phone: _____ Payment: \$ _____

Previous Address: _____
City: _____ State: _____ Zip: _____
How Long? ___ Years ___ Months Did You: ___ Rent ___ Own ___ Live with Relatives
Landlord or Management Company: _____
Phone: _____ Payment: \$ _____

Other Previous Address (5 Years): _____
City: _____ State: _____ Zip: _____
How Long? ___ Years ___ Months Did You: ___ Rent ___ Own ___ Live with Relatives
Landlord or Management Company: _____
Phone: _____ Payment: \$ _____

Employer: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Hire Date: _____ Job Title: _____ Monthly Salary: \$ _____

Previous Employer: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Hire Date: _____ Job Title: _____ Monthly Salary: \$ _____

Other Previous Employer (5 Years): _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Hire Date: _____ Job Title: _____ Monthly Salary: \$ _____

Other Source of Income: _____
Monthly Amount: \$ _____ Since _____ Until _____

Financial Information

Checking Account Held At (Financial Institute): _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Account Number: _____ Current Balance: \$ _____

Savings Account Held At (Financial Institute): _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Account Number: _____ Current Balance: \$ _____

Emergency Contact:

Name: _____ Home Phone: _____ Work Phone: _____

The above person is ___ is not ___ authorized to remove and/or store the contents of the dwelling/mailbox in the event of serious illness or death of resident.

Personal References:

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Automobiles

Year: _____ Make: _____ Model: _____

License Plate Number: _____ State: _____

Year: _____ Make: _____ Model: _____

License Plate Number: _____ State: _____

Personal Data

Have you or ANY members of your household INCLUDING JUVENILES:

- 1. **EVER** been arrested, cited, prosecuted, plead guilty to, or been convicted, of a crime? YES NO
- 2. **EVER** been placed on probation, parole, or any other release from jail, or prison? YES NO
- 3. **EVER** been or currently are a member of a gang? YES NO
- 4. Is there a current warrant for you or **ANY** other member of your household's arrest? YES NO
- 5. Currently involved in **ANY** criminal activity? YES NO
- 6. **EVER** been evicted or had a forcible detainer filed against you? YES NO
- 7. **EVER** moved to avoid eviction or because of problems with other tenants or a landlord? YES NO
- 8. Are you or your spouse a Registered Sex Offender? YES NO

If **YES**, in what state(s)? _____

Explain **ALL** "**YES**" answers in **DETAIL**:

- 9. Will you or the other occupants have a pet? YES NO

If **YES**, what kind, weight, breed and age? _____

List All Other Occupants Who Will Not Sign Lease: (Minor Children, Etc.)

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Additional Information

How did you hear of this community? _____

What attracted you to this community? _____

Why are you leaving your present residence? _____

PLEASE READ CAREFULLY

Applicant represents that all of the above statements are true and complete, and hereby authorize verification, now and in the future, of above information, references and credit records. Management reserves the right to verify application information after move-in. This application is preliminary only and does not obligate owner or representative to execute a lease or deliver possession of proposed premises. By signing this application, applicant(s) authorize all persons/firms named and unnamed in this application to freely provide any and all requested information concerning applicants and hereby waive all right of action for any consequences resulting from such information.

The above community/owner and the applicant(s) acknowledge that the applicant(s) have paid and Administrative Fee/Holding Deposit. This Fee/Deposit may be refundable: if the applicant(s) notify Management within 3 working days from the date that the applicant(s) were notified of approval; or if the applicant(s) are not accepted as a resident; or if this application is withdrawn within 72 hours of the date it is signed. If the application is accepted, and the applicant(s) subsequently do not move in, the Administrative Fee/Holding Deposit will be retained. Further, false information given above shall entitle the community/owner to (1) Reject this application; (2) Retain Administrative Fee/Holding Deposit, and (3) Terminate applicant(s) subsequent right of occupancy. Applicant(s) authorize Reliable Tenant Screening to obtain a credit report and to verify all information listed above. Any information contained herein will be used, should an eviction or collection action become necessary.

_____ Signature of Applicant	_____ Date	Application Fee (Non-Refundable) \$ _____
_____ Signature of Applicant's Spouse	_____ Date	Application Fee / Holding Deposit \$ _____
_____ Agent's Signature	_____ Date	