



# RENTAL APPLICATION

Please fill out this form **COMPLETELY** and sign where indicated.

112 S. 1st Street - Williams, Arizona 86046

Office: 928.635.1336 Fax: 866.447.6699 E-Mail: hopehollamon@msn.com



PERSONAL INFORMATION			
First Name:	Middle Name:	Last Name:	S.S.#
Date of Birth:	Marital Status:	Telephone #:	E-Mail:
Present Home Address:		City/State/Zip	
Length of Time at Present Address:	Present Landlord:	Landlord's Phone #:	
Reason for Leaving:	Amount of Rent:	Is Your Present Rent Up To Date: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROPERTY ADDRESS APPLYING FOR
Address:

PROPOSED OCCUPANT(S)			
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:

PROPOSED PET			
Name:	Type/Breed	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age:

VEHICLE(S) INFORMATION					
Year:	Make:	Model:	Color:	Plate #:	State:
Year:	Make:	Model:	Color:	Plate #:	State:

EMPLOYMENT		
Current Employer:	Occupation:	Hours/Week:
Supervisor:	Phone:	Years Employed:
Address:	City/State/Zip:	E-Mail Address:

EMERGENCY CONTRACT/PERSONAL REFERENCE INFORMATION		
Emergency Contact:	Phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship:	Address:	City/State/Zip:
Emergency Contact:	Phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship:	Address:	City/State/Zip:
Personal Reference:	Phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship:	Address:	City/State/Zip:
Personal Reference:	Phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship:	Address:	City/State/Zip:

**INCOME:**

Current Income: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	Source:	Proof of Income: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	Source:	Proof of Income: <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT QUESTIONNAIRE/AUTHORIZATION**

Has applicant ever been sued for bills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been locked out of their apartment by the sheriff: <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been guilty of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever broken a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

\_\_\_\_\_  
\*Applicant's Signature

\_\_\_\_\_  
Date

**NOTES:**