



RENTAL APPLICATION

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

201 E. Birch Ave, Ste# 13 - Flagstaff, Arizona 86001

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: Weekly Biweekly Monthly Yearly
\$

Source:

Proof of Income: Yes NoCurrent Income: Weekly Biweekly Monthly Yearly
\$

Source:

Proof of Income: Yes No**APPLICANT QUESTIONNAIRE/AUTHORIZATION**Has applicant ever been sued for bills? Yes NoHas applicant ever been locked out of their apartment by the sheriff? Yes NoHas applicant ever been bankrupt? Yes NoHas applicant ever been brought to court by another landlord? Yes NoHas applicant ever been guilty of a felony? Yes NoHas applicant ever moved owing rent or damaged an apartment? Yes NoHas applicant ever broken a lease? Yes NoIs the total move-in amount available now (rent and deposit)? Yes 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:**