

**RENTAL APPLICATION**

INSTRUCTIONS: Please complete all sections on both pages, any questions that do not apply, write N/A in the space provided. **Each adult applicant must complete a separate application.** We are required to run a credit check on each adult applicant. Please return the application to the address on Page 2 of this form, unless otherwise directed. **EACH ADULT APPLICANT MUST ATTACH A COPY OF THEIR DRIVER LICENSE AND TWO RECENT PAY STUBS.**

**PERSONAL**

APPLICANT FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

MARRIED: \_\_\_ Yes \_\_\_ No SOCIAL SECURITY: \_\_\_\_\_ DRIVER LICENSE NUMBER: \_\_\_\_\_

**OTHER OCCUPANTS**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DOB: \_\_\_\_\_ SOC SECURITY #: \_\_\_\_\_

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**RESIDENCE INFORMATION**

CURRENT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ MOVE OUT DATE: \_\_\_\_\_ MONTHLY COST: \$ \_\_\_\_\_

OWNER/MANAGER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

PREVIOUS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ MOVE OUT DATE: \_\_\_\_\_ MONTHLY COST: \$ \_\_\_\_\_

OWNER/MANAGER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

**EMPLOYMENT HISTORY**

CURRENT EMPLOYER: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ AMOUNT PAID PER MONTH: \$ \_\_\_\_\_ \_\_\_ Gross \_\_\_ Net

SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ AMOUNT PAID PER MONTH: \$ \_\_\_\_\_ \_\_\_ Gross \_\_\_ Net

SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**OTHER INCOME**

SOURCE: \_\_\_\_\_ AMOUNT PER MONTH: \$ \_\_\_\_\_

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**VEHICLE INFORMATION**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

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**CREDIT INFORMATION**

CREDITOR: \_\_\_\_\_ ACCT: \_\_\_\_\_ MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

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CREDITOR: \_\_\_\_\_ ACCT: \_\_\_\_\_ MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

BANK: \_\_\_\_\_ HOW MANY YEARS AT THIS BANK: \_\_\_\_\_

BRANCH: \_\_\_\_\_ CHECKING ACCT: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

PHONE: \_\_\_\_\_ SAVINGS ACCT: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

**PERSONAL REFERENCE**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**IN CASE OF EMERGENCY**

CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**QUESTIONS**

\_\_\_ Yes \_\_\_ No Do you have any pets or assistive animal of any type, or do you intend to get any pets?

If Yes, please describe: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Have you or your spouse/roommate ever been evicted?

\_\_\_ Yes \_\_\_ No Have you or your spouse/roommate ever declared bankruptcy?

\_\_\_ Yes \_\_\_ No Have you or your spouse/roommate ever been in foreclosure?

\_\_\_ Yes \_\_\_ No Do you or your spouse/roommate have any outstanding warrants for arrest?

\_\_\_ Yes \_\_\_ No Do you or your spouse/roommate use or engage in the distribution or sale of illegal drugs?

\_\_\_ Yes \_\_\_ No Have you or your spouse/roommate ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations?

Applicant represents that all information on this application is true and correct and understands that Owner/Agent will rely upon said information when accepting this application. Applicant authorizes Owner/Agent to verify said information and make independent investigations to determine Applicant's credit, financial and character standing. Applicant hereby releases Owner/Agent and any firm or person supplying them with information from any liability whatsoever concerning the release or use of this information and will hold them all harmless from any suit or reprisal whatsoever. All holders of any such information are hereby authorized to release any and all such information they may have concerning Applicant.

\_\_\_\_\_  
Date Applicant's Signature Daytime Phone Number Evening Phone Number

Valid e-mail address: \_\_\_\_\_

This rental application is for the property located at: \_\_\_\_\_

**Return Rental Application to:**  
**RE/MAX Sonoran Hills, 34225 N. 27<sup>th</sup> Drive, Building 5, Suite 138, Phoenix, AZ 85085**  
[Karen@KarenBatson.com](mailto:Karen@KarenBatson.com) or 623-321-8391 FAX