



RENTAL APPLICATION

Fill out this application and Fax it to (520)805-3032 or mail to or visit our office at the address listed on the bottom of this page.

EVERY ADULT THAT IS 18 YEARS OR OLDER MUST COMPLETE AN APPLICATION PACKET:

APPLICANT(S) ACKNOWLEDGES AND AGREES TO PAY A \$35.00 NON-REFUNDABLE APPLICATION FEE FOR ONE ADULT, OR A \$30.00 NON-REFUNDABLE APPLICATION FEE EACH FOR A MARRIED COUPLE OR TWO OR MORE ADULTS.

APPLICANT(S) AGREES TO SIGN A LEASE WHEN OFFERED, AND AS AN INDICATION OF GOOD FAITH HERewith, PROVIDES A NON-REFUNDABLE FEE IN THE AMOUNT OF \$250.00 FOR A 2-BEDROOM APARTMENT OR \$200.00 FOR A 1-BEDROOM APARTMENT, WHICH SHALL BE APPLIED TO THE NON-REFUNDABLE RE-DECORATION FEE, IN ACCORDANCE WITH THE RENTAL AGREEMENT. APPLICANT(S) FURTHER AGREES TO FORFEITURE OF SAID FEE IF HE/SHE/THEY FAIL TO SIGN THE LEASE WHEN IT IS OFFERED. PARTIES FURTHER AGREE THAT THE FORFEITURE OF SUCH FEE BE CONSIDERED LIQUIDATED DAMAGES FOR BREACH OF THIS AGREEMENT. LESSOR AGREES TO RETURN SAID FEE IN FULL IN THE EVENT THAT THE APPLICATION IS NOT ACCEPTED.

FULL NAME: _____

LIST ALL NAMES THAT YOU HAVE EVER BEEN KNOWN BY: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____ DATE OF BIRTH: _____

SOCIAL SECURITY#: _____ DRIVER'S LICENSE #: _____ STATE ISSUED: _____

CURRENT ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

HOW LONG HAVE YOU RESIDED AT THIS ADDRESS? _____ REASON FOR MOVING? _____

PREVIOUS ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

HOW LONG HAVE YOU RESIDED AT THIS ADDRESS? _____ REASON FOR MOVING? _____

It is your responsibility to provide us with the information needed to contact your current and past Landlords. We reserve the right to deny any application if, after making a good faith effort, we are unable to verify rental history.

NAME, ADDRESS AND PHONE NUMBER OF CURRENT LANDLORD:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS LANDLORD:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

OCCUPANTS OTHER THAN APPLICANT:

BIRTH DATE	NAME	GENDER	SSN	RELATIONSHIP

I certify that the above information is true and correct to the best of my knowledge, and hereby authorize Rancho La Perilla Apartments, its employees and designated agents to verify all information.

Signature Date



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EMPLOYMENT AND OTHER INCOME: All income, including self-employment, must be verifiable through pay stubs employer contact, or tax records.

CURRENT EMPLOYER: _____ **CONTACT:** _____

ADDRESS & PHONE#: _____

MONTHLY INCOME: _____ **LENGTH OF EMPLOYMENT:** _____

PREVIOUS EMPLOYER: _____ **CONTACT:** _____

ADDRESS & PHONE#: _____

MONTHLY INCOME: _____ **LENGTH OF EMPLOYMENT:** _____

OTHER SOURCES OF INCOME: _____ **AMOUNT:** _____

HAVE YOU EVER FILED BANKRUPTCY? YES _____ NO _____ IF YES, DATE? _____

HAVE YOU EVER BEEN EVICTED? YES _____ NO _____ IF YES, WHAT DATE? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____ IF YES, DATE? _____

VEHICLE INFORMATION FOR ALL VEHICLES THAT WILL BE PARKED ON PROPERTY:

MAKE: _____ **MODEL:** _____ **YEAR:** _____

LICENSE PLATE #: _____ **STATE ISSUED:** _____

VEHICLE INFORMATION FOR ALL VEHICLES THAT WILL BE PARKED ON PROPERTY:

MAKE: _____ **MODEL:** _____ **YEAR:** _____

LICENSE PLATE #: _____ **STATE ISSUED:** _____

LIST THREE PEOPLE WHO WE MAY CONTACT IN CASE OF AN EMERGENCY:

NAME: _____ **PHONE #:** _____

ADDRESS: _____

NAME: _____ **PHONE #:** _____

ADDRESS: _____

NAME: _____ **PHONE #:** _____

ADDRESS: _____

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Applicant ~Tenant Consent To Credit, Criminal, Employment, and Residential Verification

The undersigned applicant(s) and or co-signer(s) hereby consent to allow the owner, Rancho La Perilla Apartments, itself or through its designated agents and employees, to obtain a consumer report and criminal records; obtain and verify credit and employment information; and authorizes Rancho La Perilla Apartments to verify all residential information – for the purpose of leasing an apartment. I/we also agree and understand that the owner and its agents and/or employees may obtain additional information on each of us in the future to update or review our account.

Applicant: _____ Co-Signer: _____

Date: _____

I certify that the above information is true and correct to the best of my knowledge, and hereby authorize Rancho La Perilla Apartments, its employees and designated agents and employees to verify all information.

Signature

Date