Page 1 of 3 Document: February 2013

APPLICATION FOR OCCUPANCY



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1.	Address of Rental Property Applying for:			
	APPLICANT PERSONAL INFORMATION			
2.	NAME:			
3.		ed (date of decree)		
4.	- Single - Minimite	,		
٦.	EMAIL ADDRESS	TELEPHON	IE .	
5.				
	SOCIAL SECURITY NUMBER	DATE OF B	BIRTH	
6.	DRIVER'S LICENSE / GOVERNMENT ISSUED ID NUMBER	STATE		EXPIRATION DATE
7.	DRIVER'S EIGENSE? GOVERNIMENT ISSUED ID NOMBER	3,,,,,		
٠.	DESIRED DATE OF OCCUPANCY	DESIRED I	ENGTH OF LEA	SE
0	Have did you have about 1102			
8. 9.	How did you hear about us? Sign Our website Ad Referral:			Other:
Ο,				
	EMPLOYMENT & BANK REFERENCES (Minimu	ım one year verifi	ed employme	ent required)
10.	Current Employer:			
11.	Address:	City:		State: ZIP Code:
12.	Tolophone: How long?		S	itart date:
13.	Department/Position:	Approxi	mate Monthly	Gross Income: \$
14.	If you have been with your current employer less than o		mplete the fo	ollowing:
15.	Previous Employer:			
16.	Address:	Citv:		State: ZIP Code:
17.	Telephone: How long?:			Date left:
18.		driver's license or	government	t issued photo ID and your 2 most
19.		Dyamahi		
20.	Bank:	Branch		
21.	Telephone:	Account N	lumber (savin	gs):
22.		Account	diffici (Savii)	(Indicate source & amount)
23.	Other Income:			, and the second
	RESIDENCE HISTORY (Minimum one year require	d)		
24.	Current Rent/Mortgage Payment: \$	How long?:		Own Rent
25.	Current Address:			
26.	City:		State:	ZIP Code:
27.	Landlord:			Telephone:
28.	If owned, please provide mortgage company name and	address:		
29.	Mortgage Company:		Telephor	ne:
30.				
31.	City:		State:	
32.	If you have been at your current address less than one	year, please comp	lete the follo	owing:
33.	Previous Address:			
34.			State:	
35.	How Long?:			>>
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PERSONAL REFEREN	CES			
1. Name:		Rela	ition:	
Address:		Tele	phone:	
2. Name:	Charles and the second			
Address:		Tele	phone:	
3. Name:		Rei	illon:	
Address:		1 616	pnone:	
DEPENDENTS/ADDITI	ONAL OCCUPANTS	8		
Number of people who will occ				
		INAL BACKGROUND CHECKS WI	LL BE RUN ON EACH	PERSON 18 & OVER.
Name:				D.O.B.:
Name:				D.O.B.:
Name:		Relationship:		D.O.B.:
Name:		Relationship:		D.O.B.:
Additional occupants, se				
		you authorize to enter and take	nossession of your	nersonal property in the
death, pursuant to A.R.S. §33			possession or your	porsonial property in the
	and the second s	od. odranom		
Name: Address:		City:	State:	ZIP Code
Phone:		Oity.	Otate	Zii Oode.
Thoric.				THE PARTY OF THE P
PETS/SERVICE ANIMA	ALS			
Description of pets (recent pho Breed:		Age: Ger Age: Ger		
Breed: Breed: Will you have an assistive or s	service animal? Yes	No (accommodation	nder: nder: request required wit	
Breed: Breed: Will you have an assistive or s VEHICLE INFORMATION Total Number of Vehicles (incl	service animal? Yes			
Breed: Breed: Will you have an assistive or s VEHICLE INFORMATION Total Number of Vehicles (incl	ervice animal? Yes ON luding company vehicles):	No (accommodation	request required wit	h application)
Breed: Breed: Will you have an assistive or s VEHICLE INFORMATIO Total Number of Vehicles (incl Vehicles: Make:	Service animal? Yes ON Juding company vehicles): Model:	No (accommodation Year:	request required wit	h application)Lic. Plate #:
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