



4880 N. Sabino Canyon Rd.  
Tucson, AZ 85750  
(520)749-0530

**RENTAL APPLICATION**  
(Fill In All Spaces)

**FOR OFFICE USE ONLY**

1. Name \_\_\_\_\_ Joint \_\_\_\_\_ Individual \_\_\_\_\_

Present Phone # (\_\_\_\_\_) \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc Sec \_\_\_\_\_

2. Information about other occupants.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

3. Will a pet of any type live in your apartment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:  
Type \_\_\_\_\_ Weight \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ License Date \_\_\_\_\_

4. Residence Information: Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Residence  
How Long \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Former Residence  
How Long \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Former Residence  
How Long \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone(\_\_\_\_\_) \_\_\_\_\_

Former Residence  
How Long \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone(\_\_\_\_\_) \_\_\_\_\_

5. Employed By \_\_\_\_\_ Address \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ **Your Monthly Income** \_\_\_\_\_

If less than two years at your present employer, list previous employers below:

Former Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Your Monthly Income \_\_\_\_\_

Former Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Your Monthly Income \_\_\_\_\_

Other source of Income for Rental Payment \_\_\_\_\_

If You Are Retired, Please List Source of Income and Amount. Verification is Required.

Source \_\_\_\_\_ Amount \_\_\_\_\_

6. Spouse or Other Occupant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ (Maiden Name if Married Less Than Two Years)

7. Employed By \_\_\_\_\_ Address \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Your Monthly Income \_\_\_\_\_

Former Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Your Monthly Income \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_

# \_\_\_\_\_

Vehicles You Would Like to Park on Property:

State	Make/Model	Year	Color	License Plate #
Auto _____				
Auto _____				
Motorcycle _____				

11. Do you own a Fire-arm? Yes \_\_\_ No \_\_\_ Registration # \_\_\_\_\_

12. Have You or Your Spouse/Roommate Ever Been Evicted? Yes \_\_\_ No \_\_\_. Declared Bankruptcy? Yes \_\_\_ No \_\_\_. Do You Use Illegal Drugs? Yes \_\_\_ No \_\_\_. Have you or your spouse/roommate ever been convicted of a felony? Yes \_\_\_ No \_\_\_.

13. Do You Have A Waterbed? Yes \_\_\_ No \_\_\_. Do You Have Waterbed Insurance? Yes \_\_\_ No \_\_\_

14. Person(s) to Notify and Person You Authorize To Take Possession of Your Personal Property In Case of Emergency:  
For Applicant For Co-Applicant

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Work # \_\_\_\_\_ Home # \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Work # \_\_\_\_\_ Home # \_\_\_\_\_

NOTE: Management is **not** responsible for damage to resident's property unless caused by negligence on the part of management or an employee of management. **Residents are strongly advised to obtain renters insurance to cover loss or damage to their property.**

(to be filled out by office staff)

**DEPOSIT TO HOLD AGREEMENT**

**(To be completed on one Application per apartment only)**

In consideration of Management holding the apartment for me, I agree to pay a holding deposit of \$ \_\_\_\_\_ and a \$ \_\_\_\_\_ non-refundable fee for administrative processing. The holding deposit is refundable if my Application is not approved (14-day delay required for bank clearance of check). If my Application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit (14-day delay required for bank clearance of check) by notifying you of my decision to cancel by 5 p.m. on \_\_\_\_\_ 2009. Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my "rent start date" or my holding deposit will be forfeited and the apartment rented. I understand the Management and Management's employees are agents of and represent the Owner.

**RENTAL AGREEMENT INFORMATION**

Apt # \_\_\_\_\_ Type \_\_\_\_\_

Agreement Length \_\_\_\_\_ Rent Start Date \_\_\_\_\_

**MONTHLY RENTAL CHARGES:**

Rent \_\_\_\_\_  
 Pet Rent \_\_\_\_\_  
 Water \_\_\_\_\_  
 Other \_\_\_\_\_

Non-Refundable Preparation Fee \_\_\_\_\_  
 Refundable Security Deposit \_\_\_\_\_  
 Pet Deposit (ref/non-ref) \_\_\_\_\_  
 Rental Concession at Move-In \_\_\_\_\_  
 First Month's Rent \_\_\_\_\_  
 Less Holding Deposit \_\_\_\_\_

Pro-Rate of \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ due on \_\_\_\_\_

TOTAL MONTHLY CHARGES \_\_\_\_\_

TOTAL DUE AT MOVE-IN \_\_\_\_\_

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of the above information, references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered before move-in. Applicant acknowledges that Management may not be able to complete a comprehensive evaluation of this Agreement before move-in; however, Management reserves the right to verify application information after move-in and has the right to an immediate termination of the proposed rental agreement upon notification of any false or misleading information in regard to applicants' residential or criminal history. Applicant agrees to the terms of the "Deposit to Hold Agreement". This application is preliminary only and does not obligate the Owner or Owner's Representative to execute a lease or deliver possession of the proposed premises.

**Please be advised that a free copy of the Arizona Residential Landlord & Tenant Act is available through the Secretary of State's Office.**

**X** \_\_\_\_\_  
\*Applicant's Signature Date

**X** \_\_\_\_\_  
\*Co-Applicant's Signature Date

Management's Receipt Date



## **RENTAL POLICIES & PROCEDURES FOR SABINO CANYON APT HOMES**

### 1. THE CRITERIA BELOW IS USED IN APPROVING AN APPLICATION:

- a. Income to equal or exceed two and one-half (2 ½) times the rental amount must be verified either by pay stubs, supervisor or personnel department verification, bank statements, tax returns, or other comparable proof of income.
- b. Previous rental history must show payments were made on time, and that there were no notices of non-compliance, eviction notices or any tenancy complaints in the file. Proper notice must have been given and the premises was left with no outstanding balances.
- c. Although we do not discriminate on the basis of prior Bankruptcy, the applicant(s) must otherwise show good credit or clean credit history. A credit report will be pulled through a credit reporting agency.
- d. If the requirements for income are not met, but a cosigner is available who meets the above criteria, the cosigner must fill out an application, sign the cosigner agreement, and have it notarized, and sign the lease agreement. If a cosigner is married, each spouse must sign as a cosigner. This option may only be available during certain market conditions.
- e. Applicants who have been evicted within the last three years will be ineligible.
- f. Upon submittal of an application a photo copy of a government ID must be obtained for the file.
- g. No felonies, but may be reviewed on a case-by-case basis depending on circumstances.
- h. A social security number is required. We will permit an exception for someone who is otherwise qualified and who provides evidence of a student VISA or other VISA that does not require that the person apply for a social security number.

### 2. PET POLICY

- A. Only one pet, under 75 pounds at full growth, will be accepted (unless otherwise approved by management). Pets cannot be more than 25% or more of these breeds including Doberman Pinscher, German Shepherds, Pit Bulls, Bull Terriers, Husky, Akita, Chow Chow and Rottweilers. Pets that meet the criteria are allowed in the apartment with a written pet agreement and a monthly pet fee. The total number of apartments with pets in any given time must not exceed 25% of the apartment community. Under certain market conditions, variations may occur. This policy does not apply to assistive animals.
- B. A photo of the residents pet is required to be on file prior to move in. Resident may bring in a current photo, or the office staff will take a photo for the file.
- C. Residents will be required to pay a refundable deposit of \$300 as well as a \$100 non-refundable preparation fee. These deposits are in addition to standard apartment deposits. This does not apply to assistive animals.

### 3. OCCUPANCY STANDARDS

- A. The number of allowable occupants in a one bedroom apartment is three (3).
- B. The number of allowable occupants in a two bedroom/two bedroom den is five (5)

(Rev. 9/08)