

# Sabino Canyon

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

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

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

d. \_\_\_\_\_

3. Will a pet of any type live in your apartment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

Type	Weight	Spayed/Neutered	License Date
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\_\_\_\_\_

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(\_\_\_\_) \_\_\_\_\_

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:

Applicant	For Applicant	For Co-
Name _____	_____	_____
Name _____	_____	_____
Address _____	_____	_____
Address _____	_____	_____
City/State/Zip _____	_____	City/State/ _____
Zip _____	_____	_____
Work # _____ Home # _____	_____	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 \_\_\_\_\_ 2010. 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 \_\_\_\_\_

Non-Refundable Preparation Fee \_\_\_\_\_

Pet Rent \_\_\_\_\_

Refundable Security \_\_\_\_\_

Deposit \_\_\_\_\_

Water \_\_\_\_\_

Pet Deposit (ref/non-ref) \_\_\_\_\_

Other \_\_\_\_\_

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.**

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

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

\_\_\_\_\_  
Management's Receipt Date