

Rental Application

Unit Applying For

3500 N Hayden Rd #301; Scottsdale, AZ 85251

Applicant Information

Name:	Driver's License Number & Expiration Date:	
Date of Birth:	SSN:	Phone:
Email Address:	Best Way to Reach You: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email (Check One)	
Current Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Check One)	Monthly Payment or Rent: \$	How Long:
Previous Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Owned <input type="checkbox"/> Rented (Check One)	Monthly Payment or Rent: \$	How Long:
Landlord Name:	Landlord Phone:	Date Notice Given:

Employment Information

Current Employer:		
Employer Address:		How Long:
City:	State:	Zip Code:
Phone:	Email:	Fax:
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Check One)	Annual Income: \$

Co-Applicant Information

Name:	Driver's License Number & Expiration Date:	
Date of Birth:	SSN:	Phone:
Email Address:	Best Way to Reach You: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email (Check One)	
Current Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Check One)	Monthly Payment or Rent: \$	How Long:
Previous Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Owned <input type="checkbox"/> Rented (Check One)	Monthly Payment or Rent: \$	How Long:
Landlord Name:	Landlord Phone:	Date Notice Given:

Co-Applicant Employment Information

Current Employer:		
Employer Address:		How Long:
City:	State:	Zip Code:
Phone:	Email:	Fax:
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Check One)	Annual Income: \$

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Automobile Information

Automobile #1: Make: _____ Model: _____ Year: _____ License Plate: _____

***Automobile #2:** Make: _____ Model: _____ Year: _____ License Plate: _____

** Only one covered vehicle parking space will be provided. Additional parking may be available in the visitor parking area in front of complex.*

Financial Information

Checking Account: Bank Name: _____ Account Number: _____ Routing Number: _____

Savings Account: Bank Name: _____ Account Number: _____ Routing Number: _____

Have you ever been evicted? Yes No If yes, explain: _____

Have you filed bankruptcy? Yes No If yes, explain: _____

Ever convicted of a crime? Yes No If yes, explain: _____

Do you have credit cards? Yes No Total Balance Due: \$ _____ Monthly Payment: \$ _____

Do you have any loans? Yes No Total Balance Due: \$ _____ Monthly Payment: \$ _____

Estimated Credit Score: Applicant: _____ Co-Applicant: _____

Do you have any pets? Yes No Indicate Type and Size: _____

Personal References

Name 1: _____ Relationship: _____ Years Known: _____

Address: _____ Phone: _____

Name 2: _____ Relationship: _____ Years Known: _____

Address: _____ Phone: _____

Emergency Contact

Name of a person not residing with you: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ Phone Number: _____

Additional Occupants Information

Name 1: _____ Date of Birth: _____ Relationship: _____

Name 2: _____ Date of Birth: _____ Relationship: _____

Name 3: _____ Date of Birth: _____ Relationship: _____

Authorization

I/we declare that all information given in this application is true and correct. We authorize Jerry R Cole CB-125, LLC to verify and obtain a credit report, verify landlords, employment and criminal reports. I have received a copy of this application.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____