

APPLICATION TO RENT OR LEASE RESIDENTIAL HOUSING

SRMPREMIER PROPERTIES Residential Property Management Division
 Leasing and Rental Property Management 1785 W. Hwy 89A, Ste 2F, Sedona, AZ 86336
 Fax: (928) 282-4649 Main: (928) 282-6569

Please Print ALL TENANTS' PERSONAL INFORMATION: *Please Print*

Tenants Name _____ MI _____ Last _____		Social Security # _____ - _____ - _____	
Current Address _____		City _____	St _____ Zip _____
Previous Address _____		City _____	St _____ Zip _____
Do you currently <input type="checkbox"/> OWN <input type="checkbox"/> RENT For how long at this address?: _____ Months/Years (select one)			
Telephone (_____) _____ Work		(_____) _____ Home	
Arizona Driver's License #: _____		Date of Birth: ____/____/____	
If renting now, what are your current rent payments, including all monthly rental costs?: \$ _____ / Month			
Are you currently employed: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, are you self-employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, who are you employed by?: _____ How Long? _____			
Their address?: _____		Telephone: (_____) _____	
CoTenants Name _____ MI _____ Last _____		Social Security # _____ - _____ - _____	
Current Address _____		City _____	St _____ Zip _____
Previous Address _____		City _____	St _____ Zip _____
Do you currently <input type="checkbox"/> OWN <input type="checkbox"/> RENT For how long at this address?: _____ Months/Years (select one)			
Telephone (_____) _____ Work		(_____) _____ Home	
Arizona Driver's License #: _____		Date of Birth: ____/____/____	
If renting now, what are your current rent payments, including all monthly rental costs?: \$ _____ / Month			
Are you currently employed: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, are you self-employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, who are you employed by?: _____ How Long? _____			
Their address?: _____		Telephone: (_____) _____	

CREDIT REFERENCES:	NAME	ACCOUNT NO.	ADDRESS	MAX. LIMIT	BAL. OWED
BANK REFERENCES:		TYPE OF ACCOUNT	HOW LONG?	BALANCE \$	ACCOUNT NUMBER
GROSS MONTHLY INCOME:	TENANT: \$ _____		CO-TENANT \$ _____		

Have you or any co-Tenants ever filed bankruptcy?: Y N If Yes, When: _____

Have you or any co-Tenants ever defaulted on a lease?: Y N If Yes, When: _____

Have you or any co-Tenants ever been evicted?: Y N If Yes, When: _____

Prior Lease Information: Have you leased before?: Y N When?: _____ How Long? _____

Prior Landlord Name: _____ Telephone: (_____) _____

Prior Landlord Name: _____ Telephone: (_____) _____

** May we contact as a reference?: Y N (If more leasing history, attach on separate sheet)

Nearest Relative Name: _____ Relationship: _____

Telephone : (_____) _____ May we contact as a reference?: Y N

I DECLARE THAT THE FOREGOING IS TRUE AND ACCURATE, AUTHORIZING ITS VERIFICATION AND THE OBTAINING OF CREDIT REPORT AND REFERENCES CHECK. Page 2 Incorporated herein.

The undersigned hereby applies to rent/lease at _____ for \$ _____ per month and upon Landlord's approval agrees to enter into a Lease Agreement and pay all rent and security deposits and other charges as agreed upon prior to occupancy or commencement date. I agree that the Landlord or Agent may check and/or verify my credit, criminal background, employment, income sources and amount, and references and priod landlords. *Date submitted:* _____

Application Fee of \$ _____ is hereby submitted is hereby waived for the cost of credit reports and processing.

Sign Below:
 _____ Applicant _____ Co-Applicant

TENANT INFORMATION/APPLICATION ADDENDUM

Property Leasing Form

Please Type or Print Clearly

office use only File/Property #: _____

ALL Tenant Name(s): _____

Primary Tenant(s) Mailing Address(es):

1. _____

City: _____ State: _____ Zip: _____

TELEPHONE: (____) _____ Day: (____) _____

2. _____

City: _____ State: _____ Zip: _____

TELEPHONE: (____) _____ Day: (____) _____

Social Security Numbers (All Tenant Applicants):

Name: _____ SS#: _____ - _____ - _____

Name: _____ SS#: _____ - _____ - _____

Name: _____ SS#: _____ - _____ - _____

Does any Tenant or Occupant currently have, keep, care for or maintain, or plan to keep or care for any pet or assistive animal on these premises during the term of this lease on the property? (Check one only)

YES NO (If Yes, describe Pets / Assistive animals completely below)

Does any Tenant or Occupant use any tobacco or other substance that is intended for inhalation by smoking, or will the premises be rented with the intent that such product will be used inside? (Check one only)

YES NO

Emergency information of nearest person who is authorized by you to make a decision if you cannot be located or contacted:

Name(s): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

TELEPHONE: (____) _____ Day: (____) _____

Relationship to You: _____

Tenant/Occupant Contact Methods:

Name: _____ Work Phone: (____) _____

Home Phone: (____) _____

Pager: (____) _____

Cell Phone: (____) _____

Name: _____ Work Phone: (____) _____

Home Phone: (____) _____

Pager: (____) _____

Cell Phone: (____) _____

Name: _____ Work Phone: (____) _____

Home Phone: (____) _____

Pager: (____) _____

Cell Phone: (____) _____

Tenant's Signature

Tenant's Signature

Rev. 9/99

FOR BROKER USE ONLY File #: _____ Broker's Initials: _____ Date: _____