

*Green Leaf at Broadway*

8880 E. Broadway Blvd.  
Tucson, Arizona 85710  
Phone: 520-886-4139 Fax: 520-296-1592

**APPLICATION & OFFER TO RENT/LEASE REAL PROPERTY**

This section to be filled out by leasing agent only:

Leasing Agent: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Apartment #	Move-in Date	Security Deposit	Rental Rate	Move-in Special
		\$	\$	

Type of Pet	Pet Name	Pet Weight	Pet Deposit	Pet Rent	Utilities Paid by Resident
			\$	\$	Electric, Cable, Phone, Garbage, Sewer, Water, Gas

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**Instructions to Applicant:**

Please use black or blue ink. Each applicant must show satisfactory identification and one month's worth of pay-stubs at the time this application is submitted for processing.

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APPLICANT'S PERSONAL DATA: Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name	Social Security Number	Drivers License Number	State	Birth Date
All other names by which you have been known:				

SPOUSE'S PERSONAL DATA: Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name	Social Security Number	Drivers License Number	State	Birth Date
All other names by which you have been known:				

MINORS TO OCCUPY THE PREMISES: Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name	Relationship	Age	Occupation

APPLICANTS EMPLOYMENT OR INCOME HISTORY: (List ALL employers for the past 2 years. Start with present.)

Company Name or Source of Income	Address Please include city & zip	Phone Number	Position	Dates	Gross Monthly Income

**RESIDENCE HISTORY: (List ALL residences for the past 2 years. Start with present.)**

Street Address and Apartment #	City	State	Zip	Dates	Rent	Landlord Name & Phone #
					\$	
					\$	
					\$	
					\$	

**BANKING INFORMATION:**

Bank Name	Branch	Phone Number	Account Number	Date Opened	Present Balance

**PERSONAL REFERENCES: (Cannot be related or living in the same household)**

Full Name	Relationship	Address	Phone Number

**NEAREST RELATIVE: (Not living with you)**

Full Name	Relationship	Address	Phone Number

**IN CASE OF EMERGENCY NOTIFY:**

Full Name	Relationship	Address	Phone Number

**VEHICLES:**

Make	Model	Year	License Number	Insurance Company

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Y N

Has any civil judgment been entered against you for the collection of a debt in the past 10 years?		
Do you have or intend to have water filled furniture in the apartment home?		
Do you have or intend to have any pets in the apartment home?		
Have you filed for bankruptcy in the past 10 years?		
Have you been evicted or refused to pay rent for any reason?		
Have you ever possessed, sold, or used illicit drugs or narcotics in or about your residence?		
Have you ever been convicted of or pled guilty or "no contest" to a felony, misdemeanor or sexual offense?		
If you answered "yes" to any of the above questions, please explain:		

HOW DID YOU HEAR OF OUR COMMUNITY? \_\_\_\_\_

HOW LONG DO YOU EXPECT TO STAY? \_\_\_\_\_

**KEEPING OF PET REQUIRES CONSENT OF MANAGEMENT, PAYMENT OF APPLICABLE FEES/DEPOSITS, AND EXECUTION OF PET ADDENDUM. HANDICAP ASSISTANCE ANIMALS USED FOR DISABILITIES ARE NOT CONSIDERED PETS.**

The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status or national origin. The Federal Agency, which administers compliance with this law, is the U.S. Department of Housing and Urban Development.

This is to inform you that as part of our procedure for processing your application, an Investigative Consumer Report may be prepared whereby information obtained through personal interviews with your landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, and credit report. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation (Fair Credit Reporting Act). I/We hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application and my/our rental liability shall commence on \_\_\_\_\_, 200\_\_ pursuant to the terms of the lease. That if I/We fail to sign the lease and/or pay agreed rental, Security deposit, utility fees, or other required charges as shown in this rental application the \$\_\_\_\_\_ holding fees accompanying this application shall be retained by landlord as liquidated damages and I/We agree to this amount being retained by landlord as a reasonable estimate of actual damages to landlord if I/We fail to perform as stated above after approval. I/We understand that the holding fees accompanying this application are non-refundable after twenty four (24) hours. Owner and/or agent for the owner reserves the right to reject this application and to refuse possession of the above mentioned accommodation. I/We have read the foregoing; certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application in my/our behalf. Any "yes" or "no" question unanswered shall be considered a "yes".

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE AGENT OF LESSOR TO VERIFY THIS INFORMATION, REFERENCES, AND CREDIT RECORDS AND PERFORM A CRIMINAL BACKGROUND CHECK. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE.

\_\_\_\_\_  
Date Applicant's Signature Applicant's Name PRINTED

\_\_\_\_\_  
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