

# Rental Application

(Every occupant over the age of 18 **MUST** complete an application unless they are married)

Applications may be returned by Mail: The Levie Group 2465 Shane Dr. Prescott, AZ 86305 or by Fax: (928) 717-2621

## Applicant Information

Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:		ZIP Code:
Own	Rent	Monthly Payment or Rent:	How Long?
Landlord Name:		Landlord Phone:	Reason for Moving:
Previous Address:			
City:	State:		ZIP Code:
Own	Rent	Monthly Payment or Rent:	How Long?
Landlord Name:		Landlord Phone:	Reason for Moving:

## Employment Information

Current Employer:			
Employer Address:			How Long?
Phone:	E-mail:		Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary	Annual Income:
Other Annual Income:		Other Income Source:	

## Emergency Contact

Name of a Person Not Residing with You:			
Address:			Phone:
City:	State:		ZIP Code:
Relationship:			

## Co-Applicant Information, if Married

Name:			
Date of Birth:	SSN:	Phone:	
Same as Applicant Above (skip to Previous Address below)			
Current Address:			
City:	State:		ZIP Code:
Own	Rent	Monthly Payment or Rent:	How Long?
Landlord Name:		Landlord Phone:	Reason for Moving:
Same as Applicant Above (skip to Co-Applicant Employment Information below)			
Previous Address:			
City:	State:		ZIP Code:
Own	Rent	Monthly Payment or Rent:	How Long?
Landlord Name:		Landlord Phone:	Reason for Moving:

## Co-Applicant Employment Information

Current Employer:			
Employer Address:			How Long?
Phone:	E-mail:		Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary	Annual Income:
Other Annual Income:		Other Income Source:	

Proposed Occupant(s)			
Name:	Age:	Occupation:	Relationship:
Name:	Age:	Occupation:	Relationship:
Name:	Age:	Occupation:	Relationship:
Credit/Debt/Financial Information			
Combined Credit Card Balance:	Monthly Payment:	Currently:	Paid Past Due
Combined Auto Loan Balance:	Monthly Payment:	Currently:	Paid Past Due
Combined Child Support Balance:	Monthly Payment:	Currently:	Paid Past Due
Other Outstanding Loans or Debts:	Monthly Payment:	Currently:	Paid Past Due
Proposed Pet(s)			
Dog Cat Other _____	Breed:	Indoor Outdoor	Age:
Dog Cat Other _____	Breed:	Indoor Outdoor	Age:
Dog Cat Other _____	Breed:	Indoor Outdoor	Age:
Applicant(s) Questionnaire (in the last ten years)			
Have you been sued for bills?:	Yes No	Have you filed bankruptcy?:	Yes No
Have you been convicted of a felony?:	Yes No	Have you broken a lease agreement?:	Yes No
Have you been evicted?:	Yes No	Do you owe for any outstanding rent or damages?:	Yes No
If you answered "Yes" to any questions above please explain:			
References			
Name:	Address:	Phone:	
I authorize the verification of the information provided on this form as to my rental or ownership history, credit, income verification and employment.			
Signature of Applicant:			Date:
Signature of Co-Applicant:			Date: