

Occasio Realty LLC

17505 N 79th Ave, Ste 301C
Glendale, AZ 85308
Office: 623-312-2690

RESIDENTIAL RENTAL APPLICATION

PROPERTY ADDRESS:

APPLICANT

NAME: _____
SOCIAL SECURITY #: _____
DATE OF BIRTH: _____ AGE: _____
DRIVER'S LICENSE #: _____ STATE ISSUED: _____
CELL PHONE #: _____ HOME PHONE #: _____
EMAIL ADDRESS: _____

SPOUSE

NAME: _____
SOCIAL SECURITY #: _____
DATE OF BIRTH: _____ AGE: _____
DRIVER'S LICENSE #: _____ STATE ISSUED: _____
CELL PHONE #: _____ HOME PHONE #: _____
EMAIL ADDRESS: _____

RESIDENT HISTORY

PRESENT ADDRESS

STREET: _____ CITY & STATE: _____ ZIP CODE: _____
CURRENTLY RENTING: _____ YES _____ NO
NAME OF LANDLORD or COMPLEX: _____
PHONE NUMBER: _____
ADDRESS: _____
OCCUPANCY DATES: FROM _____ TO _____ MONTHLY RENT: _____

IF LESS THAN TWO YEARS AT YOUR PRESENT ADDRESS, LIST PREVIOUS ADDRESS BELOW:

Former Address: _____ City: _____ State: _____
Former Landlord: _____ Phone Number: _____

EMPLOYMENT

EMPLOYER _____ ADDRESS: _____
TELEPHONE NUMBER: _____ POSITION: _____
HOW LONG: _____ YEARS _____ MONTHS MONTHLY INCOME: _____
SUPERVISOR: _____ TELEPHONE NUMBER: _____
OTHER SOURCE OF INCOME FOR RENTAL PAYMENT: _____
NAME OF PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS)
_____ ADDRESS: _____
SUPERVISOR: _____ TELEPHONE NUMBER: _____

SPOUSE'S EMPLOYER

ADDRESS: _____
TELEPHONE NUMBER: _____ POSITION: _____
HOW LONG: ____ YEARS ____ MONTHS MONTHLY INCOME: _____

VEHICLES

VEHICLE MAKE/MODLE YEAR COLOR LICENSE PLATE# STATE

PETS

TYPE: _____ WEIGHT (FULL GROWN): _____ SPAYED/NEUTERED: _____
LICENSED/DATE: _____ BREED (If mixed, provide all significant blood lines) _____
NUMBER OF PETS: _____
IF MORE THAN ONE LIST SAME INFO AS ABOVE: _____

DO YOU HAVE RENTERS INSURANCE? ___ YES ___ NO AGENT'S NAME _____
COMPANY NAME: _____ AGENT'S PHONE NUMBER: _____

OCCUPANCY

The following people will occupy the premises in addition to the applicant(s):
NAME: _____ RELATIONSHIP: _____ DOB: _____
NAME: _____ RELATIONSHIP: _____ DOB: _____
NAME: _____ RELATIONSHIP : _____ DOB: _____

GENERAL INFORMATION

Have you or your spouse ever been evicted? YES NO
Have you or your spouse ever had a judgment filed against you for late payment? YES NO
Have you or your spouse ever been more than 20 days late on your rent payment? YES NO
Have you or your spouse ever declared bankruptcy? YES NO
As a property owner are you currently in foreclosure? YES NO
Have you or your spouse ever been convicted of a Theft, Narcotics, or a Violent Crime? YES NO
Are you or your spouse a Registered Sex Offender? YES NO
Have you or your spouse ever engage in the distribution or sales of illegal drugs? YES NO
Do you or your spouse currently have a restraining order against you? YES NO
Are you or your spouse on Probation or Parole? YES NO
Do you or your spouse own firearms and will the firearms be on the property? YES NO

If yes, please explain the situation: _____

EMERGENCY NOTIFICATION

The below listed person is to be notified in case of an emergency and to take possession of applicant's property:
NAME: _____ HOME PHONE #: _____
CELL PHONE #: _____ WORK PHONE: _____
ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ HOME PHONE #: _____
CELL PHONE #: _____ WORK PHONE: _____
ADDRESS: _____ RELATIONSHIP: _____

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of 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. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month-to-month term or void if false or misleading information is contained in this Application.

APPLICANT SIGNATURE DATE

PRINT NAME

CO-APPLICANT SIGNATURE DATE

PRINT NAME

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FOR OFFICIAL OFFICE USE ONLY

DATE OF OCCUPANCY: _____ LENGTH OF LEASE: _____

LEASE AMOUNT: \$ _____ DEPOSIT AMOUNT: _____

APPLICATION FEE PAID: ____ YES ____ NO ERNEST MONEY REC'VD: ____ YES ____ NO