

Desert Gardens Apartments Phase II

13621 W. Glendale Ave.
Glendale, Arizona 85307
(623) 298-4000

RENTAL APPLICATION AND MOVE IN COST RECAP

NAME _____ / /
LAST FIRST MIDDLE SOCIAL SECURITY # DATE OF BIRTH

CO-APPLICANT _____ / /
LAST FIRST MIDDLE SOCIAL SECURITY # DATE OF BIRTH

NAMES AND AGES OF ALL PEOPLE WHO WILL OCCUPY APARTMENTS OTHER THAN APPLICANTS _____

CURRENT ADDRESS

CURRENT ADDRESS NUMBER STREET CITY STATE ZIP CODE

CURRENT PHONE # _____ CELL PHONE # _____ EMAIL _____

CURRENT LANDLORD OR RESIDENT MANAGER'S NAME & PHONE _____

PREVIOUS RESIDENCE

NUMBER STREET CITY STATE ZIP CODE

CURRENT EMPLOYMENT (APPLICANT)

COMPANY DATE STARTED SALARY/MONTH PHONE#

NUMBER STREET CITY STATE FULL ZIP CODE

PREVIOUS EMPLOYMENT (APPLICANT)

COMPANY DATE STARTED/DATE ENDED SALARY/MONTH FULL ZIP CODE

CURRENT EMPLOYMENT (CO-APPLICANT)

COMPANY DATE STARTED SALARY/MONTH PHONE#

NUMBER STREET CITY STATE FULL ZIP CODE

AUTOMOBILES #1 _____ #2 _____
YEAR MAKE LICENSE PLATE # YEAR MAKE LICENSE PLATE #

Subject to management's approval, the undersigned applicant(s) hereby makes application to lease the apartment described herein for the term and at the rental amount set forth. As an inducement to the management to approve this application, the undersigned applicant(s) warrants that all of the representations set forth in this application are true and complete or shall be deemed cause for rejection.

Applicant(s) understands that the deposit is acknowledged as a non-interest bearing deposit. In the event this application is rejected the deposit less processing fee will be returned to the applicant(s). Applicant(s) understands that the deposit left to hold an apartment is non refundable unless application is denied by management. Security deposit and/or holding fee is non-refundable after 48 hours, unless declined.

CERTIFICATION I understand that the above information is confidential. I hereby certify that I have examined this application and that the above information made here is to the best of my knowledge and belief a true and complete application made in good faith. I also give my permission to have any of the above statements verified by utilizing reports from any credit reporting agency.

APPLICANT SIGNATURE _____ CO-APPLICANT SIGNATURE _____

MOVE IN DATE _____ APT # _____

RATE _____ SPECIALS _____ TYPE _____

SOURCE _____ AGENT _____

INTERNET Yes / No INSURANCE Yes / No PHONE SERVICE Yes / No

LEASE _____ THROUGH _____

APS RECEIPT REQUIRED AT TIME OF MOVE IN

AGENT FOR OWNER OR LESSOR

(ALL TRANSACTIONS ARE CASH OR MONEY ORDER ONLY)

DEPOSIT TO HOLD APARTMENT \$ _____

APPLICATION FEE \$ _____

REFUNDABLE DEPOSIT \$ _____

PRORATED RENT _____ THRU _____ \$ _____

HOLDING DEPOSIT <\$ _____ >

TOTAL PRORATE RENT DUE UPON MOVE-IN \$ _____

APPROVED BY _____