

APPLICATION FOR RESIDENCY

APPLICANT

Last Name: _____ First: _____ Middle: _____ (Please circle if applies: Jr., Sr., I, II)
Social Security #: _____ Birthdate: _____ Drivers License #: _____ State: _____
Home Phone #: _____ Cell Phone #: _____ Email: _____

RESIDENCY HISTORY:

CURRENT Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
Name of Landlord/Apt. Complex: _____ Landlord Phone #: _____
Rent Amount: _____ Residency dates: From _____ To _____

PREVIOUS Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
Name of Landlord/Apt. Complex: _____ Landlord Phone #: _____
Rent Amount: _____ Residency dates: From _____ To _____

EMPLOYMENT HISTORY:

CURRENT Employer: _____ Phone #: _____ Supervisor: _____
Address: _____
Position: _____ Monthly Income (Net): _____ Employed From _____ To _____

BANK REFERENCE:

Name of Bank: _____ Branch Location: _____ Phone #: _____
Checking Acct #: _____ Savings Acct #: _____ How Long: _____

CO—APPLICANT

Last Name: _____ First: _____ Middle: _____ (Please circle if applies: Jr., Sr., I, II)
Social Security #: _____ Birthdate: _____ Drivers License #: _____ State: _____
Home Phone #: _____ Cell Phone #: _____ Email: _____

RESIDENCY HISTORY:

CURRENT Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
Name of Landlord/Apt. Complex: _____ Landlord Phone #: _____
Landlord Phone #: _____ Rent Amount: _____ Residency dates: From _____ To _____

PREVIOUS Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
Name of Landlord/Apt. Complex: _____ Landlord Phone #: _____
Landlord Phone #: _____ Rent Amount: _____ Residency dates: From _____ To _____

EMPLOYMENT HISTORY:

CURRENT Employer: _____ Phone #: _____ Supervisor: _____
Address: _____
Position: _____ Monthly Income (Net): _____ Employed From _____ To _____

BANK REFERENCE:

Name of Bank: _____ Branch Location: _____ Phone #: _____
Checking Acct #: _____ Savings Acct #: _____ How Long: _____



10371 North Oracle Road, Suite 106
Oro Valley, Arizona 85737
Phone: 520-320-5075 Fax 520-320-9206

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LIST THE INDIVIDUALS WHO WILL BE OCCUPYING THE APARTMENT:

Name _____ Relationship _____ D.O.B. _____

Name _____ Relationship _____ D.O.B. _____

Have you or the co-applicant broken a rental agreement? Yes No Have you or the co-applicant been evicted? Yes No

Have you been convicted of a drug related crime? Yes No Have you been convicted of a felony? Yes No

Will there be pets in the apartment? Yes No

Name: _____ Type: _____ Weight: _____ License #: _____ Color: _____

How many vehicles do you plan to park on the property? _____

Make: _____ Model: _____ Year: _____ Color: _____ State: _____ Plate #: _____

Make: _____ Model: _____ Year: _____ Color: _____ State: _____ Plate #: _____

In case of emergency:

Name: _____ Relationship: _____ Phone #: _____

PLEASE READ CAREFULLY

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. **Applicant shall pay a non-refundable application fee of \$20.00.** Applicant acknowledges that management may not be able to complete comprehensive action of the Agreement 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 if misleading information is contained in this application. This application is preliminary only and does not obligate owner or representative to execute a lease or deliver possession of the proposed premises.

Applicant's Signature

Date

Co-Applicant's Signature

Date



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PLEASE READ CAREFULLY

Applicant voluntarily and knowingly authorize any present or past landlord, administrator, law enforcement agency, state agency, private business, personal reference, and/or other persons to give records or information they may have concerning my criminal history, credit history, character, and employment history or any other information requested. I voluntarily and knowingly release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid for one year from the date signed and a photographic or faxed copy of this authorization shall be valid as the original.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

RENTAL INFORMATION REFERENCE

[To be Completed by The Lake Investment Group, LLC]

Applicants Name: _____

Unit Address/Number: _____

Move-In Date: _____ Move-Out Date: _____ Lease End Date: _____

Rent Amount: _____ Number of Late Payments: _____ Number of NSF's: _____

Does Applicant Owe You Money YES NO If YES, how much? _____

Any Non-Compliance's YES NO Proper Notice Received YES NO

Where There Pets YES NO Deposit Refunded YES NO

Has there been any violation to the lease agreement? YES NO If YES, what type and how many? _____

Did Applicant leave apartment in good condition? YES NO If NO, please explain. _____

Would you Re-rent? YES NO If NO, why? _____

Person completing this form (Please Print): _____ Date: _____

PLEASE FAX THIS INFORMATION BACK TO 520-320-9206



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