



Edgewood Apartments

APPLICANT'S BEST CONTACT PHONE: _____

COMMUNITY NAME:

COMMUNITY PHONE # _____

APT #: _____

APPLICANT'S LAST NAME	FIRST	M/I	SOCIAL SECURITY #	D.O.B.	DRIVER'S LICENSE # AND STATE ISSUED
APPLICANT'S LAST NAME	FIRST	M/I	SOCIAL SECURITY #	D.O.B.	DRIVER'S LICENSE # AND STATE ISSUED
OTHER PERSONS	FULL NAME		RELATION	DOB	
THAT WILL OCCUPY	FULL NAME		RELATION	DOB	
THE PROPERTY	WILL A PET BE RESIDING WITH YOU?		TYPE	BREED	WEIGHT

RESIDENCE HISTORY

PRESENT STREET ADDRESS	APT#	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY
					MOVE IN DATE _____ MOVE OUT DATE _____
PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY			MONTHLY PMT.	PHONE NUMBER INCL. AREA CODE	OWN _____ RENT _____
			\$		
PREVIOUS STREET ADDRESS	APT#	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY
					MOVE IN DATE _____ MOVE OUT DATE _____
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY			MONTHLY PMT.	PHONE NUMBER INCL. AREA CODE	OWN _____ RENT _____
			\$		
SPOUSE'S ADDRESS IF DIFFERENT	APT#	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY
					MOVE IN DATE _____ MOVE OUT DATE _____
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY			MONTHLY PMT.	PHONE NUMBER INCL. AREA CODE	OWN _____ RENT _____
			\$		

EMPLOYMENT HISTORY

NAME OF PRESENT EMPLOYER	PHONE NUMBER INCLUDE AREA CODE	DIRECT SUPERVISOR / HUMAN RESOURCES
EMPLOYMENT ADDRESS	START/END DATE	CURRENT POSITION HELD
		MONTHLY GROSS INCOME (BEFORE TAXES)
		\$
NAME OF PREVIOUS EMPLOYER	PHONE NUMBER INCLUDE AREA CODE	DIRECT SUPERVISOR / HUMAN RESOURCES
EMPLOYMENT ADDRESS	START/END DATE	CURRENT POSITION HELD
		MONTHLY GROSS INCOME BEFORE TAXES
		\$
NAME OF SPOUSE'S PRESENT EMPLOYER	PHONE NUMBER INCLUDE AREA CODE	DIRECT SUPERVISOR / HUMAN RESOURCES
EMPLOYMENT ADDRESS	START/END DATE	CURRENT POSITION HELD
		MONTHLY GROSS INCOME BEFORE TAXES
		\$
NAME OF SPOUSE'S PREVIOUS EMPLOYER	PHONE NUMBER INCLUDE AREA CODE	DIRECT SUPERVISOR / HUMAN RESOURCES
EMPLOYMENT ADDRESS	START/END DATE	CURRENT POSITION HELD
		MONTHLY GROSS INCOME BEFORE TAXES
		\$
INCOME FROM ADDITIONAL SOURCES PLEASE LIST BELOW		AMOUNT
		\$

PERSONAL INFORMATION

HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED?	YES _____ NO _____	HAVE YOU EVER BROKEN A RENTAL AGREEMENT?	YES _____ NO _____
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?	YES _____ NO _____	HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME?	YES _____ NO _____
NAME OF APPLICANT'S NEAREST RELATIVE	TELEPHONE WITH AREA CODE	STREET ADDRESS	CITY STATE ZIP CODE
NAME OF SPOUSE'S NEAREST RELATIVE	TELEPHONE WITH AREA CODE	STREET ADDRESS	CITY STATE ZIP CODE
EMERGENCY CONTACT	WORK TELEPHONE	HOME TELEPHONE	STREET ADDRESS CITY, STATE, ZIP CODE
WHICH OF THE ABOVE IS AUTHORIZED TO REMOVE AND / OR STORE ALL CONTENTS OF THE DWELLING AND/OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH OF RESIDENT. (CHECK ALL THAT APPLY)			
APPLICANT'S NEAREST RELATIVE: _____		SPOUCE'S NEAREST RELATIVE: _____ EMERGENCY CONTACT: _____	

HOW DID YOU HEAR ABOUT OUR COMMUNITY? _____

I UNDERSTAND THAT I ACQUIRE NO RIGHTS IN THE APARTMENT UNTIL I SIGN THIS AGREEMENT AND SUBMIT A HOLDING FEE IN THE AMOUNT OF \$_____. UPON APPROVAL OF TENANCY AND THE SIGNING OF AN APARTMENT RETAL AGREEMENT, THIS FEE WILL BE CREDITED AGAINST MY DEPOSIT/NON-REFUNDABLE FEE AND / OR MY FIRST MONTH'S RENT. IN CONSIDERATION FOR LANDLORD HOLDING SAID APARTMENT AT THE ABOVE NAMED COMMUNITY, I HEREBY WAIVE ALL RIGHTS TO THE RETURN OF SAID HOLDING FEE AND SAID FEE SHALL BE RETAINED AS LIQUIDATED DAMAGES IN THE EVENT I DO NOT CHOOSE TO ENTER INTO THE AGREEMENT APPLIED FOR HEREIN. PURSUANT TO STATE AND FEDERAL FAIR CREDIT REPORTING ACTS, THIS IS TO INFORM YOU THAT AN INVESTIGATION INVOLVING THE STATEMENTS MADE ON YOUR RENTAL APPLICATION FOR THE ABOVE MENTIONED APARTMENT COMMUNITY, AS WELL AS INQUIRIES REGARDING YOUR CHARACTER, GENERAL REPUTATION, MODE OF LIVING AND PERSONAL CHARACTERISTICS MAY BE INITIATED. SHOULD YOUR APPLICATION BE DENIED YOU HAVE THE RIGHT TO DISPUTE THE INFORMATION REPORTED. UPON WRITTEN REQUEST, YOU ARE ENTITLED TO A COMPLETE AND ACCURATE DISCLOSURE OF THE INVESTIGATION'S NATURE AND SCOPE AS WELL AS A WRITTEN SUMMARY OF YOUR RIGHTS AND REMEDIES UNDER THE FAIR CREDIT REPORTING ACT. INQUIRIES SHOULD BE DIRECTED TO AAA LANDLORD SERVICES AT 480/668-5953. I/WE CERTIFY THAT, TO THE BEST OF MY/OUR KNOWLEDGE, ALL STATEMENTS ARE TRUE AND COMPLETE. I/WE AUTHORIZE INQUEST TO OBTAIN ALL REPORTS AND VERIFICATIONS NECESSARY TO VERIFY ALL INFORMATION PUT FORTH IN THE ABOVE APPLICATION AND TO FURNISH ALL INFORMATION TO THE LANDLORD NAMED ABOVE. FALSE, FRAUDULENT OR MISLEADING INFORMATION MAY BE GROUNDS FOR DENIAL OF TENANCY OR SUBSEQUENT EVICTION.

NON-REFUNDABLE APPLICATION FEE PAID \$ _____

APPLICANTS SIGNATURE: _____	DATE SUBMITTED: _____
APPLICANTS SIGNATURE: _____	DATE SUBMITTED: _____
AGENT FOR THE OWNER _____	DATE RECEIVED: _____