



Rental Application

FOR OFFICE USE ONLY	MEB Form B2
COMMUNITY	
APT. NUMBER	MONTHLY RENT
LEASE LENGTH	CONCESSION
TRAFFIC SOURCE	

APPLICANT INFORMATION

Name			Date of Birth		
Social Security Number			Driver's License Number		State
Present Address	Street	City	State	Zip Code	Home Phone
Name of Community/ Mortgage Company			Phone #	Length of Residency	Rent/ Mortgage
Previous Address	Street	City	State	Zip Code	Length of Residency
How Did You Hear About Us?					Date Apartment Needed

SPOUSE

Name			Date of Birth		
Address			City	State	Zip Code
Social Security Number			Driver's License Number		State

OTHER OCCUPANTS

Names	Relationship	Birthdate

EMPLOYMENT INFORMATION

Applicant			Spouse		
Employer	Position	Good to have	Employer	Position	
Address	City	Zip	Address	City	Zip
Monthly Income	Total Annual Income		Monthly Income	Total Annual Income	
Length of Employment	Supervisor		Length of Employment	Supervisor	
Other Sources of Income			Other Sources of Income		
Previous Employer	Position		Previous Employer	Position	
Length of Employment	Phone Number		Length of Employment	Phone Number	
In case of an emergency contact person?			Phone		
Address			City	State	Zip Code
Will a pet or assistive animal of any type live in the apartment? YES NO If yes, please describe below:					
Type:	Weight (full grown):	Lb.	Spayed/♂ or Neutered?	Licensed/Date	
Have you ever been evicted from an apartment or refused to pay rent for any reason?					Yes
Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? If yes, please explain:					No
Do you have any outstanding warrants for arrest? If YES, please explain:					
Have you ever filed for bankruptcy? If yes, date of discharge:					

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. Applicant acknowledges that false information contained herein shall be grounds for rejection of the application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this 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 false or misleading information is contained in this Application. Applicant understands that the amount received for an application fee is non-refundable. This application is preliminary only and does not obligate owner or owners representative to execute a lease or deliver possession of the proposed premises. If application is accepted, applicant understands that any information contained herein will be used should an eviction or collection action become necessary.

Applicant Signature	Date	Spouse Signature	
Agent Signature	Date		

Apartments-AZ.com

VERIFICATION OF EMPLOYMENT

Company Name: _____
Address: _____
Phone #: _____ Fax#: _____

To Whom It May Concern:

The following individual has applied for residency at Apartments-az.com in Arizona. Your company name was listed as either a present or previous employer. In order to process the application, we request the following information be completed by a supervisor or a personnel representative and faxed back to _____. Your prompt attention and response is most appreciated.

Applicant: _____

Employment Date: _____

Position: _____

Gross Monthly/Annual Income: _____

Verified By: _____ Title: _____

I authorize the above company to release to Apartments-az.com pertinent information regarding my employment and income.

Applicant

Date

Apartments-az.com

Phone: _____ Fax: _____

VERIFICATION OF RESIDENCY

Community Name: _____
Address: _____
Phone #: _____ Fax#: _____

To Whom It May Concern:

The following individual has applied for residency at Apartments-az.com in Arizona. Your company name was listed as either a present or previous residency. In order to process the application, we request the following information be completed by a manager and faxed back to _____. Your prompt attention and response is most appreciated.

Applicant Name: _____

Date of Residency: _____

Did Resident give 30 Day Notice? YES NO

If yes, for what move out date? _____

Any rent payments late? YES NO

If yes, how many? _____

Any NSF checks? YES NO

If yes, how many? _____

Any letters of non-compliance? YES NO

If yes, please explain? _____

Would you re-rent to this resident? _____

Verified By: _____ Title: _____

I authorize the above company to release to _____ (apartment community name) Homes pertinent information regarding my residency.

Applicant

Date



Morrison, Ekre & Bart
Management Services, Inc.

CRIME FREE LEASE ADDENDUM

In consideration of the execution or renewal of the Rental Agreement for dwelling unit identified in the Rental Agreement, Management and Resident agree to the following:

Resident, any member(s) of the resident's household, a guest or any other person *affiliated* with the resident at or near the resident's premises:

1. Shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. "Drug related criminal activity" means the illegal manufacture, sale, distribution, use or possession with the intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 or the Controlled Substance Act (21 USC 8802))
2. Shall not engage in any act intended to facilitate criminal activity.
3. Will not permit the apartment to be used for, or to facilitate criminal activity.
4. Shall not engage in the unlawful manufacturing, selling, using, storing, keeping or giving of a controlled substance as defined in ARS 13-3451, at any location, whether on or near the dwelling unit premises.
5. Shall not engage in any illegal activity, including but not limited to prostitution as defined in ARS 13-3211, criminal street gang activity as defined in ARS 13-105 and 13-2308, threatening or intimidating as prohibited in ARS 13-1202, assault as prohibited in ARS 13-1203 including but not limited to the unlawful discharge of firearms, on or near the dwelling unit premises, or any breach of the Rental Agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other resident, or involving imminent or actual serious property damage, as defined in ARS 13-1368.
6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE RENTAL AGREEMENT AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY. A single violation of any of the provisions of this added addendum shall be deemed a serious violation and a material and irreparable non-compliance. It is understood that a single violation shall be good cause for immediate termination of the Rental Agreement under ARS 13-1377, as provided in ARS 13-1368. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be a preponderance of the evidence.
7. In case of conflict between the provisions of this addendum and any other provisions of the Rental Agreement, the provisions of this addendum shall govern.
8. This Addendum is incorporated into the Rental Agreement executed or renewed this day between Management and Resident.

Resident

Resident

Manager/ Agent for owner

Date