

APPLICATION FOR RESIDENCY

PARK WEST

3003 W Broadway Blvd • Tucson, AZ 85745
520-622-2589

Home site #: _____

Today's Date: _____

Move-In Date: _____

Rent Amt: \$ _____ Deposit Amt: \$ _____

New Applicant Move-New Space

INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK! EACH ADULT OCCUPANT MUST COMPLETE SEPARATE FORMS. APPLICATIONS WHICH ARE NOT COMPLETED FULLY OR SIGNED WILL BE REJECTED. IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY NO BY DRIVERS LICENSE, STATE ID, OR SS CARD.

APPLICANT INFORMATION			
Applicant's Name (full legal name)		<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> II <input type="checkbox"/> III	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated		Maiden Name:	Phone No. Cell No.
Social Security #	-- --	Date of Birth	
Driver's License #		State Issued:	Expiration Date:
Are you currently a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain:			
Have you or ANYONE (regardless of age) who will be residing with you:			
1) <u>Ever</u> pled guilty to, or been convicted of a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) <u>Ever</u> been placed on probation, parole, or affected by the Megan Laws?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) <u>Currently</u> have a warrant for your/their arrest?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) <u>Ever</u> been or currently are involved in ANY criminal activity?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) <u>Ever</u> been evicted or had a forcible detainer filed against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) <u>Ever</u> moved to avoid eviction or due to problems with other residents or a landlord?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES explain in detail:			

EMPLOYMENT HISTORY			
Current Employer	<input type="checkbox"/> Self Employed		Phone
Address			
Nature of Business			
Position		Start Date	
Pay Rate	\$ _____ Per	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly
Supervisor		Direct Phone	
Source of other income			
↓ PLEASE CHECK ONE: <input type="checkbox"/> Second Employer <input type="checkbox"/> Previous Employer (If Current Less Than Three Years) ↓			
Second Employer	<input type="checkbox"/> Self Employed		Phone
Address			
Nature of Business			
Position		Start Date	End Date
Pay Rate	\$ _____ Per	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly
Source of other income		Direct Phone	

RESIDENTIAL HISTORY							
Current Address					Phone		
City				ST		ZIP	
Landlord / Mgt Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family						
Landlord Phone				Alternate Phone			
Date Moved In				Current Rent Amount			
Lease Expires				Have you Given Notice?			
Reason for Move							
Prev. Address							
City				ST		ZIP	
Landlord / Mgt Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family						
Landlord Phone				Alternate Phone			
Date Moved In		Date Moved Out		Rent Amount			
Reason for Move							
Have you ever been evicted or refused to pay rent when due?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:							

ADDITIONAL OCCUPANT(S) (Separate applications required for all adults)			
Number of persons to occupy apartment:			
Name	Relationship	Date of Birth	

FINANCIAL INFORMATION			
ADDITIONAL INCOME (List alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)			
Have you ever filed bankruptcy?		When/where?	

OTHER INFORMATION						
	Make	Model	Year	Color	Lic plate #	State
Vehicle #1						
Vehicle #2						
Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Type/Age:						
Do you have or intend to maintain renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						

REFERENCES		
Name	Relationship	Phone Number
In Case of Emergency:	Relationship:	Phone:

Subject to the owner's approval, the undersigned hereby makes application to lease the apartment described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into reliantly or any misstatements made above.

AUTHORIZATION	
I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord and National Tenant Network to verify any and all information above, including but not limited to access my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold National Tenant Network their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord. I understand that I am entitled to a free copy of this report from the furnisher if I am denied residency based upon information contained in this report.	
Print Name: _____	
Signature: _____	Date _____
Email: _____	

ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, NATIONAL ORIGIN, OR SOURCE OF INCOME.

