

Mockingbird Palms Apts. RENTAL APPLICATION

Each applicant over 18 must fill out a separate application COMPLETELY and sign.

1300-1342 W 4th St., Tempe, AZ 85281 www.mockingbirdpalms.com

Phone 623-444-5588, Fax 623-218-1357

maria@mockingbirdpalms.com mail 500 N Estrella Pkwy Suite B2602 Goodyear, AZ 85338

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	SS#
BIRTH DATE	MARITAL STATUS	SMOKER	DRIVERS LICENSE
CELL PHONE	WORK PHONE	EMAIL	
PRESENT ADDRESS		CITY	STATE ZIP
FROM & TO	PRESENT LANDLRD		LANDLRD PHONE
REASON LEAVING		RENT PAID	RENT UP TO DATE?
PREVIOUS ADDRESS		CITY	STATE ZIP
FROM & TO	PREVIOUS LANDLRD		LANDLRD PHONE
REASON LEAVING		RENT PAID	RENT UP TO DATE?
PREVIOUS ADDRESS		CITY	STATE ZIP
FROM & TO	PREVIOUS LANDLRD		LANDLRD PHONE
REASON LEAVING		RENT PAID	RENT UP TO DATE?

PROPOSED OCCUPANTS

FULL NAME	RELATION -SHIP	OCCUP -ATION	BIRTH DATE
FULL NAME	RELATION -SHIP	OCCUP -ATION	BIRTH DATE
FULL NAME	RELATION -SHIP	OCCUP -ATION	BIRTH DATE
FULL NAME	RELATION -SHIP	OCCUP -ATION	BIRTH DATE

PROPOSED PETS

NAME & TYPE	BREED	WEIGHT	COLOR & AGE
NAME & TYPE	BREED	WEIGHT	COLOR & AGE
NAME & TYPE	BREED	WEIGHT	COLOR & AGE

VEHICLE INFORMATION

MAKE MODEL	YEAR	COLOR	PLATE & STATE
MAKE MODEL	YEAR	COLOR	PLATE & STATE

CURRENT EMPLOYMENT

PRESENT EMPLOYER	OCCUP -ATION	HOURS/ WEEK
SUPER VISOR	PHONE	START DATE
ADDRESS	CITY	STATE ZIP
PRESENT EMPLOYER	OCCUP -ATION	HOURS/ WEEK
SUPER VISOR	PHONE	START DATE
ADDRESS	CITY	STATE ZIP

CURRENT INCOME

INCOME WEEKLY	\$	SOURCE	PROOF OF INCOME
INCOME WEEKLY	\$	SOURCE	PROOF OF INCOME
INCOME WEEKLY	\$	SOURCE	PROOF OF INCOME

CREDIT & BANK INFORMATION

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT
OTHER LOANS	BALANCE OWED	MONTHLY PAYMENT
OTHER JUDGEMENTS	BALANCE OWED	MONTHLY PAYMENT
CHILD SUPPORT	BALANCE OWED	MONTHLY PAYMENT
CREDIT CARD	BALANCE OWED	MONTHLY PAYMENT
CREDIT CARD	BALANCE OWED	MONTHLY PAYMENT
CURRENT BANK NAME	CURRENT BALANCE	CHECKING
CURRENT BANK NAME	CURRENT BALANCE	SAVINGS

EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	CELL PHONE #	WORK PHONE #
RELATION	ADDRESS	
EMERGENCY CONTACT	CELL PHONE #	WORK PHONE #
RELATION	ADDRESS	
PERSONAL REFERENCE	CELL PHONE #	WORK PHONE #
RELATION	ADDRESS	
PERSONAL REFERENCE	CELL PHONE #	WORK PHONE #
RELATION	ADDRESS	

APPLICANT QUESTIONNAIRE

Have you ever or currently are being

Sued for bills? Collections?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Filed for bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Guilty of felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DUI conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Drug conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sex offender?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Broken lease?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Eviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Landlord judgement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Moved owing rent or damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Probation or parole?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Repossessed vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Explain all YES answers In space below.

APPLICATION AUTHORIZATION

I hereby pay the non-refundable application fee of \$____.00, and I authorize the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors, and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of my knowledge. Landlord reserves the right to disqualify resident after approval if false information is provided on this application.

X _____
APPLICANT SIGNATURE DATE

HOLDING DEPOSIT

I hereby pay the sum of \$____.00, as a deposit to secure the premises at _____ pending execution of a lease agreement. I understand that my deposit may be applied towards any rent loss or other expense the landlord may incur as a result of my failure to fulfill my promise to rent the above premises by signing a lease agreement no later than _____. Landlord agrees that the deposit is refundable if applicant is not approved providing that this application has been filled out completely and truthfully.

X _____
APPLICANT SIGNATURE DATE

CO-SIGNER APPLICATION INFORMATION

If you are a co-signer, you only need to fill out the PERSONAL INFORMATION, PROPOSED OCCUPANT, CURRENT EMPLOYMENT, CURRENT INCOME, BANK INFORMATION, and sign the APPLICATION AUTHORIZATION.

Mockingbird Palms Apts. RENTAL VERIFICATION

Phone 623-444-5588, Fax 623-218-1357
1300-1342 W 4th St., Tempe, AZ 85281

To: _____

Phone: _____ Fax: _____

_____ has applied for residency at Mockingbird Palms Apartments.
Applicant has a past or present address of _____

VERIFICATION AUTHORIZATION

I hereby authorize Mockingbird Palms to contact past and present landlords, employers, creditors, credit bureaus, neighbors, and any other sources deemed necessary to investigate applicant.

X _____ DATE _____
APPLICANT SIGNATURE

VERIFICATION QUESTIONNAIRE

Dates of occupancy? From:		To:	Monthly Rent: \$
Rent paid on time? <input type="checkbox"/> YES <input type="checkbox"/> NO	NSF check? <input type="checkbox"/> YES <input type="checkbox"/> NO	5 day notice given? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper notice given? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any complaints? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any damage? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Would you re-rent to tenant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Moved owing rent or damage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Court filing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If moved out deposit returned? <input type="checkbox"/> YES <input type="checkbox"/> NO	Smoking? <input type="checkbox"/> YES <input type="checkbox"/> NO	Lease violation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN ANY BELOW <input type="checkbox"/> NO	EXPLAIN ANY BELOW <input type="checkbox"/> YES	EXPLAIN ANY BELOW <input type="checkbox"/> YES	

Verified by _____ TITLE _____
NAME

X _____ DATE _____
SIGNED

Thank you for your time. All information will be kept confidential and used only for qualifying the applicant.

Please fax completed form to 623-218-1357 or scan and email to maria@mockingbirdinc.com