APPLICATION FOR OCCUPANCY

SUNDIAL REAL ESTATE

480-966-2170 Fax #480-969-4006

This must be filled in completely to be considered for occupancy.

PROPERTY:

appl We o	ure to complete all sections and sign ication. A co-signer may be required to not discriminate on the basis of agons, handicap (Americans With Disab	d to fill out an applica ge, race, religion, natio	tion as well.
1	N		
1.	Name:SSN:	Data of Dirth:	
	Maiden Name	Date of Birth:	
	Maiden Name:	Work prioric # Cell phone #:	
	Home phone #: Description: Weight: Height	t: Eye Color:	Hair Color:
	Distinguishing Marks:		
	Email Address: Copy of Driver's License	Copy of	f Social Security Card
2.	Spouse:		
	SSN:	Date of Birth: _	
	Maiden Name:	Work phone#:	
	Home phone #:	Cell phone #:	
	Description: Weight: Height	t: Eye Color:	Hair Color:
	Distinguishing Marks:		
	Email Address:		00 : 10 : 0 1
	Copy of Driver's License	Copy of	f Social Security Card
Ema	il Address:		
In ca	se of emergency, notify: did you hear about us: Newspaper: _	P	Phone #:
How	did you hear about us: Newspaper: _	Drive By:	Other:
If pe	ts allowed: Type: Weigh	nt: Name	y:
	pet ever bitten or attacked anyone?: Y		
	names, social security numbers, and dapant who will be residing at the premise		every applicant and
Nam			DOB:
Nam	e:	SSN:	DOB:
Nam	e:	SSN:	DOB:

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Residential History

Plea	ise provide the follor	wing information	for yourself:				
1.	Present landlord/community name:						
	Address:						
	Apt. #: (City:	State:	Zip Code:			
				ount:			
2.	Previous landlord/community name:						
	Address:						
	Ant #: (ity:	State:	Zip Code:			
	Landlord Phone	#·	Rent Amo	ount:			
	Dates Rented - F	From:	To:				
	Dates Refited 1	10111.	10				
Em	<u>ployment</u>						
	<u> </u>						
Plea	ise provide the follow	wing information	for vourself.				
1.	se provide the following information for yourself: Name of Employer:						
1.	Address:	y C1 .	City/State/7in	Code:			
	Phone #:		Position:				
	Income: ©	Dor	FUSITIOII	To:			
	шсоше. \$	rei	ГЮШ	To:			
2	D F						
2.	Previous Employer: City/State/Zip Code:						
	Address:		City/State/Zip	Code:			
	Phone #:		Position:	To:			
	Income: \$	Per	From:	To:			
_	~ /\-						
3.	Spouses(s) Empl	loyer:					
	Address:		City/State/Zip	City/State/Zip Code:			
	Phone #:		Position:	To			
	Income: \$	Per	From:	To:			
Oth	ier Income						
		tion will be reque	ested). Please list any	SSI, Pension, Disability,			
	lent Grants, Dividen	-	,	, , , , , , , , , , , , , , , , , , ,			
	ne:	,					
Type	e of Income		Amount: \$				
Nam	ie		πιιοαπι. ψ				
Type	ie:		Δmount: \$				
1 y P	. or meome.		επισμπι. ψ				
T:	anaial						
_	<u>ancial</u>		D1 //				
Banl	k Name:		Phone #:				
Bran	nch Address:						
Che	cking/Savings Acco	unt #·					

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General Questionnaire – Answer All Questions (Adults and Juvenile Applicants

1. Have you or anyon Been evicted, asked to leave	•	-	± ′		
problems with other tenant					i occause of
If yes, please explain:(Write on the back side of	this pag	e if more room	is needed.)		
2. Have you, or anyon plead no contest to, plead galcohol, drugs, weapons, g same categories plead to, c occupants)?	guilty to angs, ch	or been conviously or been conviously of the convious of the c	eted of any misc e, or theft (this	lemeanor. includes au intial juver	Example: ny crime in the
			1 C3	110	
3. Are there any crime prospective Lessee or occulif yes, please explain: (Write on the back side of	ipant:		Yes		or any
4. Have you, or anyor released from jail or releas If so, please explain who a	ed from	prison?	Yes	No	tion, parole,
5. Have you, or anyong gang or member of a gang last five years, have an arromatter? If so, please explain who a	currentl est warra	y involved in a ant outstanding	ny criminal acti	ivity, been sposition i	arrested in the
6. # of cars:	A)	Make	Model		Yr:
6. # of cars:	B)	Make Registered (owner: Model owner:		Yr:
Character Reference					
Name:					
Address:			Pho	one #:	
Name:					
Address:			Pho	one #:	
Name:					
Address:			Pho	ne #:	

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False Statements or Incomplete Information Will Be Grounds for Denial of This Application and/or Eviction, if Information Provided is Later Learned to be False or Misleading.

This application must be signed by all adults who will occupy the apartment, before it can be considered by Landlord. Acceptance of this application, and any monies deposited herewith is not binding upon Landlord, until approved by Landlord in writing. This application fee is non-refundable. If anything in this application is found to be false or misleading, even if tenancy is approved, tenants will be subject to immediate termination.

Non-Refundable Application Processing Fee: \$
In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application including, but is not limited to, making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from the other credit institutions may be performed by Landlord.
I/we hereby grant this property the right to process this application, obtain all of my credit information for the purpose of obtaining, and thereafter, holding, a Rental Lease Agreement with this property now, and at anytime during my tenancy if approved, and thereafter for collection purposes at the sole discretion of landlord whether a judgment is obtained or not. I/we agree that at all times during the lease should management require a new application to be filled out. I/we agree to fill out a new application within ten days after a written request is made. Failure to do so shall subject me/us to immediate termination at management's sole discretion. Additionally, I/we authorize all corporations, companies and law enforcement agencies, academic institutions, current and former employers, landlords, mortgages, character references to release information they may have about my/our credit, criminal history, employment, finances, rental/ownership history, academic history, character history or any other information needed by management. Applicant hereby releases landlord, owner, owner agents, Management Company, its employees and agents and all other performing any investigation regarding this Application from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original. Signature of All Applicants or Co-Signers (Spouse signature required)
Date Date
Date Agent of Owner Date

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