



F.I.T. Residential Rental Application (page #1)



Applicant

Name: _____
 Social Security # : _____
 Date of Birth: _____
 Drivers License # : _____
 E-Mail: _____
 Cell Phone # : _____

Spouse

Name: _____
 Social Security # : _____
 Date of Birth: _____
 Drivers License # : _____
 E-Mail: _____
 Cell Phone # : _____

Resident History

Present Address

Street: _____ City/State: _____ Zip Code: _____
 Name of Landlord / Complex: _____ Phone: _____
 Occupancy Dates: From _____ To _____ Monthly Rent: _____

Previous Address

Street: _____ City/State: _____ Zip Code: _____
 Name of Landlord / Complex: _____ Phone: _____
 Occupancy Dates: From _____ To _____ Monthly Rent: _____

Employment History

Applicant

Name of Current Employer: _____
 Position: _____ Monthly Income: _____
 Address: _____ City/State/Zip: _____
 Supervisor: _____ Phone # : _____
 Employment Dates: From _____ To: _____

Name of Previous Employer: _____
 Position: _____ Monthly Income: _____
 Address: _____ City/State/Zip: _____
 Supervisor: _____ Phone # : _____
 Employment Dates: From _____ To: _____

Spouse

Name of Current Employer: _____
 Position: _____ Monthly Income: _____
 Address: _____ City/State/Zip: _____
 Supervisor: _____ Phone # : _____
 Employment Dates: From _____ To: _____

Name of Previous Employer: _____
 Position: _____ Monthly Income: _____
 Address: _____ City/State/Zip: _____
 Supervisor: _____ Phone # : _____
 Employment Dates: From _____ To: _____



F.I.T. Residential Rental Application (page #2)



Banking Information

Name of Bank: _____ Branch: _____
 Checking Account: YES / NO Account #: _____
 Savings Account: YES / NO 401-K Account: YES / NO

Occupancy

The following will occupy the premises in addition to the applicant (and spouse, if applicable) :

Name: _____ Relationship: _____ DOB: _____
 Name: _____ Relationship: _____ DOB: _____
 Name: _____ Relationship: _____ DOB: _____

Has either of the rental applicants ever broken a rental agreement? YES / NO

Has either of the rental applicants ever been evicted? YES / NO

Has either of the rental applicants been convicted of a Felony? YES / NO

Has either of the rental applicants ever filed for bankruptcy? YES / NO

If you answered yes to any of the above questions, please explain in detail: _____

Pets

Will you have any pets (Dogs are not allowed at FIT properties)? If so please complete below:

Type of Animal: _____ Name: _____ Weight: _____ Age: _____
 Type of Animal: _____ Name: _____ Weight: _____ Age: _____

Vehicles

How Many Vehicles will be parked on the property?: _____ Please provide information below:

Make: _____ Model: _____ Year: _____ Color: _____ Tag #: _____
 Make: _____ Model: _____ Year: _____ Color: _____ Tag #: _____
 Make: _____ Model: _____ Year: _____ Color: _____ Tag #: _____

Emergency Contacts

Name: _____ Phone #: _____ 2nd Phone #: _____
 Relationship: _____ Address: _____
 Name: _____ Phone #: _____ 2nd Phone #: _____
 Relationship: _____ Address: _____

Please Read Carefully: Applicant(s) represents that all the above information is true and complete, and hereby authorizes verification of the above employment, credit, criminal record, background, and reference information. Applicant(s) acknowledges that false information contained herein constitutes grounds for rejection of this application. Applicants(s) further acknowledge that a full and complete verification of information supplied herein may not be complete prior to move in. Management, owner, or the agent reserves its rights under A.R.S. Section 33-1368 to verify information provided on this application and if it is determined that untrue and/or misleading information has been provided to management, management may terminate any rental agreement in accordance with the aforementioned statutory provision.

Applicants Signature: _____ Date: _____

Co-Applicants Signature: _____ Date: _____

National Tenant Network

Subscriber: Ashton Faires

Access #: AZ 196

Phone: 480-949-6049

Date: _____ Time: _____ AM PM

Fax: 602-735-3467

Screening Package (Tenant, Retail, & Crim Report)

R e q u e s t f o r T e n a n t P e r f o r m a n c e

PLEASE PRINT LEGIBLY!

PLEASE VERIFY INFORMATION!

Applicant: _____

SSN#: _____ / _____ / _____

Drivers Lic #/State: _____ / _____

DOB: _____ / _____ / _____

Spouse: _____

SSN#: _____ / _____ / _____

Drivers Lic #/State: _____ / _____

DOB: _____ / _____ / _____

Present Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Authorization for Release of Information

I (we) hereby certify that the information given to evaluate my application for tenancy is correct and complete. I authorize you to make any and all inquiries you feel necessary to evaluate my application for housing.

I (we) further understand that any false or incomplete information is grounds for immediate rejection of this application.

I (we) specifically authorize and request all present or previous employers, mortgage holders, landlords, rental agents, credit grantors, banks, accountants, stock brokers and local, state and Federal Government Agencies to release any requested information in the evaluation of my application for rental housing.

Date

Applicant

Date

Applicant

Phone: 480.607.5288 Fax: 480.998.5875
#434, 6501 E. Greenway Pkwy, Ste 102
Scottsdale, AZ 85254

Oregon, Washington, Alaska, Arizona, California, Kansas, Indiana, Illinois, Kentucky, Ohio, Texas, Pennsylvania,
Massachusetts, New York, New Jersey, North Carolina, Virginia, Georgia and Florida