



Faires Investment Revocable Trust 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: \_\_\_\_\_



## Faires Investment Revocable Trust 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