

Blue Agave Apartments

1240 North Seventh Avenue

Tucson, Az 85705

Phone (520) 884-8279 Fax (520) 620-6579 Cell (520) 237-4716

e-mail• teri@blueagaveapartments.com

INSTRUCTIONS FOR FILLING OUT RENTAL APPLICATION FORMS:

1. Fill out the Rental Application Form. Be sure to answer all questions on both pages and sign and date at the bottom of page 2. **YOU MUST INCLUDE A COPY OF YOUR SOCIAL SECURITY CARD AND YOUR DRIVER'S LICENSE (OR STATE ISSUED IDENTIFICATION CARD).**
2. Fill out the top portion only on the Prior Residence Authorization and Release form (Your name, the name of your current landlord/apartment community, your signature and date). I will need a fax number or e-mail address to send this to your current landlord.
3. To verify Monthly Income, please provide 30 days of pay stubs.
4. If you are a student and your parent(s) will be responsible for paying your rent, have them fill out the Parent Responsibility Letter. The parent(s) **MUST** sign this form in front of a Notary.

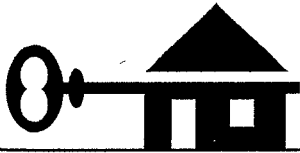
Once you have filled out and signed all of these forms, mail them with a money order in the amount of \$250.00 for the application fee (\$50.00 per adult applicant) and Holding Deposit (\$200.00). Please make money order payable to Blue Agave Apartments to:

Blue Agave Apartments
1240 North 7th Avenue
Tucson, AZ 85705

I will process your application as soon as possible. Once your application is approved, I will let you know.

Teri Searer, Manager
Blue Agave Apartments

APPLICATION FEE: \$50.00



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).
Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH / /	When would you like to move in?		DRIVERS LICENSE # STATE
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT.	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT.	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO



RENTAL APPLICATION

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Please fill out this form **COMPLETELY** and sign where indicated.

CREDIT CARD / FINANCIAL INFORMATION

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER		

EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP

APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant authorizes 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 applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X _____
 APPLICANT SIGNATURE DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

NOTES: You must provide Social Security Card
and Drivers License or State ID



PRIOR RESIDENCE AUTHORIZATION AND RELEASE

Name of Applicant _____

I, the undersigned, do hereby authorize _____ to completely and accurately answer these questions. I hereby release them from any liability for the answers provided.

Signed _____ Date _____

Duration of residence: (From) _____ (To) _____

Were any other persons identified on the lease? Yes No

If yes, name: _____

Applicable rental rate during residency: \$ _____ /month

Was the full term of the lease fulfilled? Yes No

If no, date residence was vacated: _____

Was the applicant the subject of a forcible detainer action? Yes No

If yes, state grounds:
 Non-payment of rent
 Immediate and irreparable breach
 Abandonment
 Other (please specify) _____

Did the applicant violate any community policies? Yes No

If yes, what policy? _____

Was the deposit or any portion thereof withheld due to damage to the unit? Yes No

Is the applicant eligible to return and reside at the community? Yes No

I, _____, a duly authorized representative of _____ do hereby swear and affirm that the following is accurate and complete to the best of my knowledge:



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PARENT RESPONSIBILITY LETTER

Date: _____

I, _____ agree to assume full responsibility for payments of rent for apartment number _____ located at Blue Agave Apartments, 1240 North 7th Avenue, Tucson, AZ 85705 as covered in the Rental Agreement signed by my son/daughter, delinquent with said rent and/or related charges.

I understand that monthly rent is \$ _____ per month and shall be due and payable on or before the first calendar day of each and every month. I further understand my son/daughter is responsible for upholding all terms of the Rental Agreement, including payment of the full amount of monthly rent.

This agreement shall remain in effect until the expiration date of said Rental Agreement or for the entire period my son/daughter occupies the above referenced apartment.

Signature of Parent

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires: _____

Notary Public: _____