

Mockingbird Palms Apts. RENTAL APPLICATION

Each applicant over 18 and co-signer must fill out a separate application 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

If you are a Co-Signer, you only need to fill out the current PERSONAL, INCOME SOURCE and BANK Categories, and sign the APPLICATION AUTHORIZATION on page 3.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	SS#
BIRTH DATE	MARITAL STATUS	DO YOU SMOKE ANYTHING?	DRIVERS LICENSE *attach state ID _____
CELL PHONE	WORK PHONE	EMAIL	
PRESENT ADDRESS		CITY	STATE ZIP
DATES MOVE IN TO MOVE OUT	PRESENT LANDLORD	LANDLORD PHONE	
REASON LEAVING	MONTHLY RENT \$ _____	YOU PAID \$ _____	ARE YOU ON LEASE? _____ IS RENT UP TO DATE? _____
PREVIOUS ADDRESS		CITY	STATE ZIP
DATES MOVE IN TO MOVE OUT	PREVIOUS LANDLORD	LANDLORD PHONE	
REASON LEAVING	MONTHLY RENT \$ _____	YOU PAID \$ _____	WERE YOU ON LEASE? _____ PAST RENT OWED? \$ _____
PAST ADDRESS		CITY	STATE ZIP
DATES MOVE IN TO MOVE OUT	PAST LANDLORD	LANDLORD PHONE	
REASON LEAVING	MONTHLY RENT \$ _____	YOU PAID \$ _____	WERE YOU ON LEASE? _____ PAST RENT OWED? \$ _____

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

DOG or CAT NAME	BREED	AGE ___ YRS	WEIGHT ___ LBS	COLOR *attach picture _____
DOG or CAT NAME	BREED	AGE ___ YRS	WEIGHT ___ LBS	COLOR *attach picture _____
DOG or CAT NAME	BREED	AGE ___ YRS	WEIGHT ___ LBS	COLOR *attach picture _____

Any mix of these dog breeds is prohibited: Pit Bull, American Bull Terrier, Rottweiler, Akita, Mastiffs, Alaskan Malamute, Chow Chow, American Staffordshire Terrier, Doberman Pinscher, Presa Canario, Staffordshire Bull Terrier, Wolf Hybrid, and German Shepherd.

VEHICLE INFORMATION

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

INCOME SOURCE / EMPLOYMENT

CURRENT 1. (FROM WHOM)		YOUR ROLE	TYPE OF BUSINESS
NAME/TITLE SUPERVISOR		PHONE	START DATE
BUS ADDRESS		CITY, STATE, ZIP	END DATE
MONTHLY GROSS INCOME: \$ _____	Verified with _____ *attached	\$ _____ per Hour	\$ _____ Weekly or Bi-Weekly
PRESENT/PRIOR 2. (FROM WHOM)		YOUR ROLE	TYPE OF BUSINESS
NAME/TITLE SUPERVISOR		PHONE	START DATE
BUS ADDRESS		CITY, STATE, ZIP	END DATE
MONTHLY GROSS INCOME: \$ _____	Verified with _____ *attached	\$ _____ per Hour	\$ _____ Weekly or Bi-Weekly
PRIOR OR STUDENT 3. (FROM WHOM)		YOUR ROLE	TYPE OF BUSINESS
NAME/TITLE SUPERVISOR		PHONE	START DATE
BUS ADDRESS		CITY, STATE, ZIP	END DATE
MONTHLY GROSS INCOME: \$ _____	Verified with _____ *attached	\$ _____ per Hour	\$ _____ Weekly or Bi-Weekly

CREDIT & BANK INFORMATION

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT
ALL CREDIT CARDS	COMBINED BALANCE	MONTHLY PAYMENT
ALL STUDENT LOANS	COMBINED BALANCE	MONTHLY PAYMENT
OTHER OBLIGATIONS	COMBINED BALANCE	MONTHLY PAYMENT
OTHER JUDGEMENTS	COMBINED BALANCE	MONTHLY PAYMENT
CHILD SUPPORT	BALANCE OWED	MONTHLY PAYMENT
CURRENT BANK NAME	CURRENT BALANCE	CHECKING OR SAVINGS
CURRENT BANK NAME	CURRENT BALANCE	CHECKING OR SAVINGS

EMERGENCY / PERSONAL REFERENCE INFORMATION

NOTIFY IN EMERGENCY	CELL PHONE #	WORK PHONE #
RELATIONSHIP	ADDRESS/EMAIL	
LOCAL CONTACT FRIEND	CELL PHONE #	WORK PHONE #
RELATIONSHIP	ADDRESS/EMAIL	
PARENT (1) or OTHER (1)	CELL PHONE #	WORK PHONE #
RELATIONSHIP	ADDRESS/EMAIL	
PARENT (2) or OTHER (2)	CELL PHONE #	WORK PHONE #
RELATIONSHIP	ADDRESS/EMAIL	

APPLICANT QUESTIONNAIRE

Have you ever or currently are being:

Sued for Collections? <input type="checkbox"/> YES <input type="checkbox"/> NO	Repossessed vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	Drug conviction? <input type="checkbox"/> YES <input type="checkbox"/> NO
Moved owing rent or damage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Probation, parole or warrant? <input type="checkbox"/> YES <input type="checkbox"/> NO
Broken lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	DUI conviction? <input type="checkbox"/> YES <input type="checkbox"/> NO	Felony conviction? <input type="checkbox"/> YES <input type="checkbox"/> NO
Landlord judgment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Eviction? <input type="checkbox"/> YES <input type="checkbox"/> NO	Sex registry? <input type="checkbox"/> YES <input type="checkbox"/> NO

Explain all YES answers In space below.

APPLICATION AUTHORIZATION

I hereby pay the non-refundable application processing fee of \$35.00. I understand that a background screening will be conducted. By signing this application, I authorize Mockingbird Palms / Mockingbird One LLC to periodically obtain credit reports, rental and employment verification, bank information, character and education information and any other sources deemed necessary and I authorize all of those sources to release my information to Mockingbird Palms. I certify that to the best of my knowledge all information given is true, accurate and complete. False, fraudulent or misleading information may be grounds for disqualification after approval or cause a subsequent eviction. I understand that I acquire no rights to the rental property until the application is approved and a holding deposit has been paid. If I am approved but choose not to rent the unit being held, I agree to forfeit the holding deposit.

X _____
APPLICANT SIGNATURE or CO-SIGNER SIGNATURE

DATE

X _____
PRINT NAME

For Applicants Only:

1. Please do not forget to **sign** and print your name on the next page, Verification Authorization. No need to fill out anything else on this page or send it to anyone. We will do this.
2. Please attach picture of your state id (e.g. driver's license).
3. Please attach picture of income verification and/or student verification.
4. Please attach picture of dog, if applicable.

Thank you.

Mockingbird Palms Apts. VERIFICATION FORM

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

Date: _____ To: _____

Phone: _____ Fax: _____

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 and I authorize all of those sources to release my information to Mockingbird Palms.

X _____
 X APPLICANT SIGNATURE X APPLICANT PRINT NAME DATE

_____ has applied for residency at Mockingbird Palms Apartments.

Applicant has a past or present address of _____

RENTAL VERIFICATION QUESTIONNAIRE

Dates of occupancy?		
MOVE-IN: _____	MOVE-OUT: _____	LEASE END: _____ Monthly Rent: \$ _____
Applicant on Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is Applicant a Co-Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	Lease violation(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Rent paid on time? <input type="checkbox"/> YES <input type="checkbox"/> NO	NSF check? <input type="checkbox"/> YES <input type="checkbox"/> NO	Legal 5-day notice(s) given? <input type="checkbox"/> YES <input type="checkbox"/> NO
Lease Term Fulfilled? <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
Proper notice given? <input type="checkbox"/> YES <input type="checkbox"/> NO	Rent owed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Court filing(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Would you re-rent to tenant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Smoking? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any pet issues? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Pet breed known please list.</small>
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