

Brookview Apartments

1940 W University Drive

Mesa, AZ 85201

(480)962-6222

EACH APPLICANT 18 AND OLDER MUST COMPLETE A SPERATE APPLICATION. AN APPLICATION FEE OF \$25.00 PER APPLICANT IN THE FORM OF A MONEY ORDER IS DUE AT THE TIME YOU TURN IN YOUR APPLICATION.

Applicant Leasing Checklist

Dear Applicant:

Thank you for choosing our community as your new home.

Allied/Resident Check will verify the following information you provide on your application. To facilitate the processing of your application, the following information is required:

- Proper notice must be provided to current Landlord.
- Daytime phone number for both current and previous Landlord.
- Move-in and out date, rent amount, and unit number.
- Correct Social Security number, birthdate, Driver's License number and State of issuance.
- Daytime phone number for both current and previous employer, hire date, and monthly income.
- If self-employed, retired or a trust fund benefactor, proof of income is required. Proof of income is: a copy of last year's W-2 with a pay-stub and/or bank statements.
- If receiving benefits from a Federal or State Agency printout stating the benefit amount is required.
- Daytime phone number where you can be reached.

I understand if any of this information is not provided when the application is submitted, it will delay the processing or may result in immediate rejection of my application.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Authorization to Release Information

I (we) hereby authorize the person, agency, or institution specified below to supply information requested by Transpacific Asset Management or any affiliated properties, its staff or authorized representative concerning my family or me to determine my eligibility for housing. I hereby release the person, agency, or institution from any and all liability to me for supplying such information. I (we) understand that Transpacific Asset Management may conduct computer matching programs including Federal, State, Tribal, or Local Agencies. Including, but not limited to:

Police Department	U.S Department of Defense	Department of Human Services
U.S Office of Personnel Management	Department of Motor Vehicles	Department of Economic Security
Sheriff's Office	U.S Postal Services	Employers – Past/Present
U.S Social Security Administration	State Background Inquiry	Personal References
State Bureaus of Investigation	State Employment Agencies	Landlords – Past/Present
Federal Bureaus of Investigation	State or County Referring Authority	

This authorization is given only in connection with its use by Transpacific Asset Management to determine my (our) eligibility for housing. Upon vacating the premises, I hereby give my permission to Transpacific Asset Management and its affiliated properties, its staff or authorized representative to release my rental history to future landlords, utility companies, bank or credit card institutions, employers, or any local, county, state or federal government agency. This authorization shall continue until rescinded in writing.

Applicant Name: _____ Applicant Signature: _____ Date: _____

NOTICE TO ALL APPLICANTS AND CURRENT RESIDENTS REGARDING CRIMINAL BACKGROUND CHECK

The undersigned applicant/resident hereby acknowledges that the Landlord performs criminal background checks on all applicants, current residents, and all members of the household (including minor occupants) both at the time the prospective tenant submits an application and prior to offering to renew a lease agreement. This process checks the background of all persons to determine if the applicant, a current resident, or a member of the residents household has committed any crimes within the past 10 years, is subject to a lifetime registration requirement under a State Sex Offender Registration program or has plead guilty, plead no contest, or been found guilty of any crime.

Applicant/Tenant must mark the appropriate box and sign below:

- I affirm that neither I, nor any member of my household, is subject to a lifetime registration requirement under a State Sex Offender Registration program
- I affirm that neither I, nor any member of my household, has committed any crimes within the past 10 years or has plead guilty, plead no contest, or been found guilty of any crime

WARNING. IF THIS PROCESS REVEALS THAT YOU OR A MEMBER OF YOUR HOUSHOLD IS SUBJECT TO REGISTER AS A SEX OFFENDER OR IF YOU WITHHOLD/FALSIFY ANY INFORMATION ON THIS FORM OR IN THE APPLICATION OR RENEWAL PROCESS, YOUR APPLICATION WILL BE DENIED/LEASE WILL BE IMMEDIATELY TERMINATED.

Applicant Name: _____ Applicant Signature: _____ Date: _____

Housing Application

Each applicant 18 and older must complete a separate application.

Full Name: _____

First

Middle

Last

Full name must be completed. Do not enter an initial for the middle name, or leave blank. If you do not have a middle name write none.

Date of Birth

Phone Number

Driver's License Number and State

Social Security Number

How did you hear about us?

Drove by Property Rental Booklet Friend/Relative: _____
 Sign on Corner Craigslist Other: _____

Residence History (Minimum of two years required)

Current Rent Payment: \$ _____ How Long?: _____

Current Address: _____

Apartment #: _____ City: _____ State: _____ Zip Code: _____

Complex / Landlord Name: _____ Telephone: _____

If you have been at your current address for less than two years, please complete the following.

Previous Payment: \$ _____ How Long?: _____

Current Address: _____

Apartment #: _____ City: _____ State: _____ Zip Code: _____

Complex / Landlord Name: _____ Telephone: _____

Bank Information

Bank: _____ Branch: _____

Account Number (checking): _____ Account Number (savings): _____

Employment (Minimum of one year verified employment required)

Current Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ How Long?: _____ Start Date: _____

Department/Position: _____ Approximate Monthly Gross Income: _____

If you have been with your current employer less than one year, please complete the following.

Previous Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ How Long?: _____ Start Date: _____

Department/Position: _____ Approximate Monthly Gross Income: _____

Please provide your four to six (4–6) most recent paystubs or proof of income.**Other Income.** _____ **Monthly.** _____**Credit and Background History**Have you ever been evicted? Yes NoHas a notice of eviction ever been filed against you? Yes NoHave you ever declared bankruptcy? Yes NoHave you had two or more late rental payments in the past year? Yes NoHave you ever willfully or intentionally refused to pay the rent when due? Yes NoDo you currently owe any monies to an apartment community or landlord? Yes NoAre you now addicted to any controlled substances (illegal drugs)? Yes NoHave you ever been addicted to any controlled substances (illegal drugs)? Yes NoHave you ever engaged in the distribution or sale of illegal drugs? Yes NoAre you now or have you ever been associated with a street gang? Yes NoAre you now or have you ever been a registered sex offender in any state? Yes NoHave you ever been convicted, arrested or charged with any crime? Yes NoHave you ever been convicted of a felony? Yes NoHave you ever been convicted of a crime, the nature of which would threaten the health and safety of the tenants, management, or staff? Yes NoDo you have any outstanding warrants or anticipate any warrants for arrest? Yes No**Please give detailed explanation(s), date(s), and names for any questions you answered "Yes" above.**

List all people who will live in the apartment

H. Name: _____ Social Security # _____

Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____

2. Name: _____ Social Security # _____

Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____

3 Name: _____ Social Security # _____

Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____

4. Name: _____ Social Security # _____

Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____

5. Name: _____ Social Security # _____

Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____

6. Name: _____ Social Security # _____

Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____

Pet InformationWill there be any pets in the home? Yes No

Breed: _____ Weight at Full Grown: _____ Color: _____

Breed: _____ Weight at Full Grown: _____ Color: _____

Is this an assistive or service animal? Yes No**Emergency Contact**

Name: _____ Phone #: _____ Relationship: _____

Address: _____

Name: _____ Phone #: _____ Relationship: _____

Address: _____

Applications will not be accepted without all required documentation. In order to turn in your application you must provide picture ID for all applicable family members, social security cards for all family members, and proof of income.

Deposit to Hold Agreement

In consideration of management holding this property for me, I agree to pay

Earnest/holding deposit of a minimum of \$ _____

A non-refundable application fee of \$ _____

The earnest/holding deposit is refundable if my application is not approved (14-day delay required for bank clearance of check). If my application is approved, the earnest/holding deposit is credited to the required move-in cost. **IF APPLICANT SHOULD WITHDRAW THIS APPLICATION OR FAILS TO EXECURE LEASE AGREEMENT, ALL EARNTTEST/HOLDING DEPOSIT MONIES WILL BE FORFEITED. UNDER NO CIRCUMSTANCES WILL APPLICATION FEE BE REFUNDED.**

Total deposits/fees submitted with application \$ _____

Applicant Signature: _____

Date: _____

Authorization to perform rental screening

In compliance with the FAIR HOUSING REPORTING ACT this notice is to inform you that the processing of this application includes 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 other Credit institutions for the purpose of obtaining a rental/lease agreement.

Applicant represents that all of the above statements are true and complete, and hereby authorize verification, now and in the future, of above information, references and credit records. Applicant acknowledges that ANY false information contained herein constitutes grounds for rejection of this application if discovered before or after move in. Management reserves the right to verify application information after move in. This application is preliminary only and does not obligate the owner or representative to execute a lease or deliver possession of proposed premises. By signing this application, applicant authorizes all persons/firms named and unnamed in this application to freely provide any and all requested information concerning applicant and hereby waive all right of action for any consequences resulting from such information.

Applicant Name: _____

Applicant Signature: _____

Date: _____

For Office Use Only

Agent Name: _____

Date Received: _____ Time Received: _____ Unit Size: _____ Family Size: _____

Accepted

Rejected