



APPLICATION FOR RESIDENCY

1491-B Palma Rd. Unit 30 Bullhead City, AZ 86442
 Hours: Monday-Friday 9-4pm Saturday 9-12pm
 928.704.6530 Office 928.704.6540 Fax

www.azsunriver.com

Applicant	Co-Applicant
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First MI Last Sr/Jr </div>	Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First MI Last Sr/Jr </div>
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	Date of Birth: _____
Driver License #: _____	Driver License #: _____
Current Address: _____	Current Address: _____
City, State Zip: _____	City, State Zip: _____
Phone #: _____	Phone #: _____
Landlord or Mgt. Co : _____	Landlord or Mgt. Co : _____
Phone #: _____	Phone #: _____
How long have you occupied residence: _____	How long have you occupied residence: _____
Previous Address: _____	Previous Address: _____
City, State Zip: _____	City, State Zip: _____
Phone #: _____	Phone #: _____
Landlord or Mgt. Co : _____	Landlord or Mgt. Co : _____
Phone #: _____	Phone #: _____
How long have you occupied residence: _____	How long have you occupied residence: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone#: _____ Salary/Wage: _____ Per _____	Phone#: _____ Salary/Wage: _____ Per _____
Title: _____ Yrs. Employed _____	Title: _____ Yrs. Employed _____
Emergency Contact: _____	Emergency Contact: _____
Phone #: _____	Phone #: _____
Relationship: _____	Relationship: _____
Please list someone other than co-applicant	Please list someone other than co-applicant
Credit: Excellent ___ Good ___ Fair ___ Bad ___	Credit: Excellent ___ Good ___ Fair ___ Bad ___
Have you had a bankruptcy? Yes or No When? _____	Have you had a bankruptcy? Yes or No When? _____
Have you ever been Evicted: _____	Have you ever been Evicted: _____

Will there be a waterbed at the residence? Y N Pets? Y N How Many? _____ Type: _____

Names and ages of all occupants: _____

I/we hereby tender a non-refundable fee of \$ _____ to Sun River Properties for processing this application.
 I/we certify that the above information is true and correct and further authorization to Sun River Properties to verify the information including, but not limited to, obtaining a credit report and verification of my/our employment status/history.

Applicant _____ Date _____ Co-Applicant _____ Date _____

Office use only- Do not write below this line

Property applied for? _____

Rental Amount:\$ _____ Deposit:\$ _____ Pet Fee: \$ _____ Cleaning Fee:\$ _____ Total:\$ _____

Lease term: _____ Move in date: _____



Sherri Evans/Broker





APPLICANT SCREENING CRITERIA

Sun River Properties 1491-B Palma Rd. Unit 30
Bullhead City, AZ 86442
928-704-6530

IDENTIFICATION- Applicants shall provide picture ID at time of application.

APPLICATION PROCESS- Applicant is urged to review the screening criteria to determine if requirements can be met. Each applicant over 18 shall submit a completed application and pay the appropriate fee(s). Upon acceptance applicant(s) will be required to pay applicable security deposit (in the form of certified funds) within 48 hours after acceptance.

SOURCE OF INCOME- All sources of employment and non-employment income shall be legally obtained and verifiable.

HOUSING REFERENCES- The applicant(s) shall provide information necessary to verify current and previous history for the past five (5) years. Information obtained by those related by blood or marriage may require compliance with the variance policy.

CREDIT WORTHINESS- Credit worthiness will be determined from a credit report which shall reflect prudent payment history.

LIMITATION- Occupancy is limited to two (2) people per bedroom per dwelling unit. Parking is limited to three (3) vehicles unless authorized by property manager.

PETS- Pets may not be permitted unless accepted by the property owner. Pet information will be presented to owner at time of application review. If the owner approves pet(s), there will be a non-refundable pet deposit of \$200.00 per pet. No additional pets allowed during tenancy. Breach of this may require eviction.

INCOMPLETE, INACCURATE OR FALSIFIED INFORMATION- Any information that is incomplete, illegible, inaccurate or falsified may be grounds for rejection of the application or termination of the rental agreement upon discovery.

VARIANCE POLICY- Failure to meet the screening criteria as stated may be grounds for” Denial of application or if a co-signer is acceptable, such individual(s) will also be required to meet the screening criteria, and or payment of an additional deposit or additional prepaid rent.

Applicant

Date

Applicant

Date



AUTHORIZATION TO RELEASE INFORMATION

I respectfully request and authorize you to provide Sun River Properties with any and all information requested. This information will be used to assist in the assessment of my qualifications for tenancy with this company. I understand that such information may include employment history, income verification, rental history and other confidential information. I further understand that such information obtained by Sun River Properties under this release will not be made available to me. A copy of this release shall be valid since Sun River Properties holds the original authorization document.

I hereby release you, your organization and others from any liability or damage which may result from furnishing Sun River Properties with requested information.

Signature

Date

Print Your Name

Social Security Number

1491-B Palma Rd. Unit 30 ♦ Bullhead City, AZ 86442
Phone: (928) 704-6530 ♦ Fax: (928) 704-6540
Monday-Friday 9-4pm Saturday 9-12 pm
Sherri Evans/Broker

www.azsunriver.com

