



APPLICATION FOR RESIDENCY

1700 Lakeside Dr. Unit 10 Bullhead City, AZ 86442

Hours: Monday-Friday 9-4pm

928.704.6530 Office 928.704.6540 Fax

www.azsunriver.com

***MUST print names clearly and include middle name**

***\$35 per adult (cash, money order, or cashier's check ONLY)**

***Use a separate email address and Proof of Income for EACH adult.**

Applicant	Co-Applicant
Name: _____ First Middle Last	Name: _____ First Middle Last
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: _____
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
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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 Teafatiller/Broker



**Co-Applicant EMAIL ADDRESS**



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

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