

APPLICATION FOR RESIDENCY *MUST print names clearly and include

1700 Lakeside Dr. Unit 10 Bullhead City, AZ 86442 *\$35 per adult (cash, money order, or Hours: Monday-Friday 9-4pm 928.704.6530 Office 928.704.6540 Fax

cashier's check ONLY)

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

www.azsunriver.com

Applicant	Co-Applicant	
Name:	Name:	
First Middle Last	First Middle Last	
Social Secuity Number:	Social Secuity 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#:PerPer	Phone#:Salary/Wage:Per	
Title:Yrs. Employed	Title:Yrs. Employed	
Emergency Contact:	Emergency Contact:	
Phone #:	Phone #:	
Relationship:	Relationship:	
	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 F	low Many? Type:	
Names and ages of all occupants:		
I/we hereby tender a non-refundable fee of \$		
I/we certify that the above information is true and correct and	·	
information including, but not limited to, obtaining a credit rep	ont and venification of my/our employment status/history.	
Applicant Date	Co-Applicant Date	
Office use only- Do not write below this line		
Property applied for?	Olerania France Trade	
Rental Amount:\$Deposit:\$Pet Fee		
Lease term:	Move in date:	



Sherri Teafatiller/Broker





APPLICANT SCREENING CRITIERIA

Sun River Properties Phone: (928)704-6530 1700 Lakeside Dr. Unit 10 Bullhead City, AZ 86442

IDENTIFICATION- Applicants must provide picture ID at time of application. Must clearly fill-in: full first, middle and last name. A separate email address is required for each individual applying.

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 Signature	Date	Co-Applicant Signature	Date
EMAIL ADDRESS		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

1700 Lakeside Dr Unit 10 ♦ Bullhead City, AZ 86442 Phone: (928) 704-6530 ♦ Fax: (928) 704-6540 Monday-Friday 9-4pm Sherri Teafatiller/Broker









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

1700 Lakeside Dr Unit 10 ◆ Bullhead City, AZ 86442
Phone: (928) 704-6530 ◆ Fax: (928) 704-6540
Monday-Friday 9-4pm
Sherri Teafatiller/Broker
www.azsunriver.com



