

Please call **928.699.9651** or email **info@mrflagstaff.net** to arrange for delivery of application and payment of application fee.

APPLICANT INFORMATION

NOTE: If using a co-signer list their information as “Applicant” and enter yours as “Co-Signer Tenant” (The person that will ultimately be financially responsible needs to be listed as the “Applicant”).

Date		
Applicant Name		Phone ()
Email Address		D.O.B. / /
Social Security No. - -	Driver’s License No.	
Current Address		
City	State	Zip
Previous Address		
City	State	Zip
How long have you lived at your current address?		
How long did you live at your previous address?		
Current Landlord	Phone ()	
Previous Landlord	Phone ()	
Employer	Occupation	
Current Salary	How long?	
Contact Person	Phone ()	

CO-SIGNER/TENANT INFORMATION

Name of Co-Signer/Tenant		
Phone ()		D.O.B. / /
Email Address		
Social Security No. - -	Driver’s License No.	
Employer	Occupation	
Current Salary	How long?	
Contact Person	Phone ()	

FINANCIALLY RESPONSIBLE PARTY

Have you ever:

Filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?
Been served an eviction notice or been asked to vacate a property you were renting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?
Willfully or intentionally refused to pay rent when due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?
Been sued for unlawful detainer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?

How were you referred to us?	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Banner	<input type="checkbox"/> Flyer	<input type="checkbox"/> Online
	<input type="checkbox"/> Other?			

APPLYING FOR:

Rental unit applied for (Check one)	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 4 Bedroom
Desired move in date:			
Terms of lease:	<input type="checkbox"/> 9 Month	<input type="checkbox"/> 12 Month	

DISCLOSURES

RADON GAS—Notice to Prospective Tenant: Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in every state. Additional information regarding radon and radon testing may be obtained from your county public health unit.

CONSENT TO OBTAIN CREDIT / EMPLOYMENT INFORMATION

I/We authorize Mr. Flagstaff Apartments, LLC to investigate my/our credit qualifications and hereby release, in any manner, all of the information obtained by you. I/We further release all persons, agencies, or firms from any liabilities resulting from providing such information.

I/We declare under penalty of perjury that the information listed in this application is true and correct.

Executed on this _____ day of _____, 2016, in the city of Flagstaff, state of Arizona.

Applicant's Signature

Co-Applicant's Signature

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Application Verification	Person Contacted	Remarks
Present Landlord		
Previous Landlord		
Applicant's Employment		
Co-Applicant's Employment		
Bank		
Reference (1)		
Reference (2)		
Reference (3)		
Other		
Driver's License / ID		
Credit Bureau		

Verification completed by:	
Date:	
Remarks:	

MONIES RECEIVED

Date	Description	Amount
	Application Fee	\$35
	Security Deposit	\$

THIS APPLICATION: **Is Approved** **Is Not Approved**