

Burton Cagen, CRP, CRS
 John Hall & Associates 4677 S. Lakeshore Dr. Tempe, AZ 85282-7162
 (480) 897-2500 (24 Hours) (602) 818-8876 (Mobile)

APPLICATION FOR RESIDENCY

Name _____ Phone _____
 Present Address _____ How Long? _____
 City/State/Zip _____
 Property Manager's Name _____ Phone () _____
 Previous Address _____ How Long? _____
EMPLOYED BY _____ Phone () _____
 Address _____ How Long? _____
 Position _____ Supervisor _____
Spouse's Employer _____ Phone () _____
 Address _____ How Long? _____
 Position _____ Supervisor _____
 Bank _____ Branch _____
 Social Security # _____ Driver License # _____ Birthdate _____
 Spouse: Social Security # _____ Driver License# _____ Birthdate _____

Annual Gross Income

Name _____ Income \$ _____
 Name _____ Income \$ _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: Name: _____
 Address: _____ Phone () _____ Relationship _____

NAME OF OCCUPANTS OF APARTMENT

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PETS : Yes ___ No ___ (if yes - you must complete the following sections) Cats: Yes ___ No ___

PETS: Qty: ___ Breed _____ Weight ___ lbs. Age: ___ Housebroken/Trained: Yes ___ No ___
PETS: Qty: ___ Breed _____ Weight ___ lbs. Age: ___ Housebroken/Trained: Yes ___ No ___

Applicants represent that all of the above information is true and complete, hereby authorizing verification of the above information, references, and credit records. Applicant must deposit with the owner/broker, a **Non Refundable Application Fee of \$35.00** per person. This fee is to be paid by check (no cash please).
Please make the check payable to: Burton Cagen.

Address Of Desired Rental Property _____ Monthly Rent \$ _____
 Preferred Date Of Occupancy: _____ Security Deposit \$ _____
 Date Of Application: _____ Time: _____

 Resident Resident

This application is preliminary only and does not obligate Owner and/or Owner's representative to execute a lease or deliver possession of the proposed premises.

Burton Cagen, CRP, CRS
John Hall & Associates 4677 S. Lakeshore Dr. Tempe, AZ 85282-7162
(480) 897-2500 (24 Hours) (602) 818-8876 (Mobile)

REQUEST FOR CREDIT REPORT

(Please Print!)

Applicant's Name _____
(First) (M.I.) (Last)

Social Security Number ____ - ____ - ____ **Birthdate** ____/____/____

Spouse's Name _____
(First) (M.I.) (Last)

Social Security Number ____ - ____ - ____ **Birthdate** ____/____/____

Home Phone () ____ - ____ **Work Phone** () ____ - ____

Current Address _____

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Employer _____ Phone () _____

Address _____

City _____ State _____ Zip _____

Spouse's Employer _____ Phone () _____

Address _____

City _____ State _____ Zip _____

I hereby give Burton Cagen permission to run a credit report and/or credit history on me.
I understand that my application for residency may be denied or accepted upon results on
this report.

I authorize Burton Cagen to give a copy of my our written credit report to the owner/seller,
mortgage company, or any other individual involved in the transaction.

X _____
(Applicant's Signature) Date

X _____
(Spouse's Signature) Date