

ASSET ASSISTANCE CO LLC 430 E. LEE STREET TUCSON, ARIZONA 85705 (520) 884-1505 - FAX 520-622-2223 RESIDENTIAL RENTAL APPLICATION

(Each co-resident must submit a separate application)

Date:					
Your Representatives Name (If applicab	ble):				
Applicant's Legal Full Name:					
eate of Birth: Social Security:					
Phone: () Email:					
Present Address:					
Permanent address:					
Guarantor's Full Name:					
Guarantor's Relationship:					
Guarantor's Phone: () Guarantor's Email:					
How many persons will occupy this pre-	mises:				
	Employment History				
Current Employer:	Company Phone:()				
Address:	Gross Weekly Earnings:				
Employed From:To	To:Position:				
	Residential History				
Current Landlord:					
Address:					
Landlord's Phone:					
Monthly Payments: Reason for Moving:					
Late rental payments (ever): Yes:[]	No:[] Eviction: Yes:[_]No:[] (check box that applies)		
Explain if you answered yes to either qu	estion:				

Vehicle Information

Year:	Make:	Model:	Vehicle Plate Number:		
Driver's	License Number:	State:			
		Emergency Contact 1	<u>Information</u>		
Same as	Guarantor? Yes:[]	No:[] (check box that	at applies)		
Full Nam	Name:Relationship:				
Phone: (_)	Email:			
concerning Agencies, p I understandecisions the Furthermonand their agend/or his a handling of I hereby ce accurate, fu	me as are maintained by, but resent and/or past employers included that any information obtained they make with respect to the property. I hereby release and hold hargents, owners, and affiliates (includents, upon request, from any staid information. Trify that I have read and review	not limited to: City, County, Studing but not limited to present d may be considered by the landerty for which I am applying. In the same country for the sa	s to obtain, verify and exchange information on any reports State, Federal Law Enforcement Agencies, Credit Reporting and/or past salary verification, present and/or past residences. Idlord and/or his agents in their sole discretion, as a factor in encies, present and past employers, present and past landlords, directors and employees) who provide information to landlord or expenses arising from or related to the content, validity or in this application. I am in agreement that this information is result in immediate rejection of this application. I understand let or part.		
Iı	nitial				
I am unable		ancy. I hereby acknowledge a N	ing costs, re-rental fees, etc., if this application is approved and Non-refundable fee of \$150.00 (Hold Fee) in the form of cashier		
Signature	o:		Date:		
[] Myuc	ofarental.com	How Did You Hear (check box that a			
•	off-Campus Housing				
[] Zillov	N				
[] Colle	-				
[] Signs					
	(Must provide full name):				
Official Use Only					
Verificati	ion Completed by:	Approve	d:Denied:		