



**ALLIANCE GROUP PROPERTIES**  
**725 W. ELLIOT RD. #111**  
**GILBERT, ARIZONA 85233**  
**PH: (480) 892-5300**  
**FAX: (480) 813-1111**

**Rental Criteria**

1. Gross income must be at least Two & Half Times the monthly Rent Amount.  
( \$1000/month Rent= \$2500/month income)
2. Occupancy: No more than two persons per bedroom plus one. (2  
Bedroom=Max of 5 Persons)
3. Credit Score: Minimum of 540 without owner approval.
4. Felony/s & Misdemeanor/s Disclosed: We have the right to refuse tenancy.

**Supporting Documents Needed with the Application**

1. 2 Paycheck Stubs (MOST CURRENT)
2. Copy of Driver's License
3. Copy of Social Security Card
4. Application Fee (Money Order or Cashier Check)

This must be filled in completely to be considered for occupancy

**PROPERTY ADDRESS**

Failure by self, spouse/roommate(s) and every other Lessee to complete all sections and sign will result in delay or denial of this application. (A co-signer may be required to fill out an application as well)

You must include proof of employment by providing paycheck stubs going back two pay periods, a copy of each adult's driver license or State of Arizona ID card. We do not discriminate based on age, race, religion, national origin, familial status, handicap (Americans with Disability), or gender. False Statements or Incomplete Information Will Be Grounds for Denial of this Application and/or Eviction, if information provided is Later Learned to be False or Misleading.

1. Name: \_\_\_\_\_ Email \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
Home phone #: \_\_\_\_\_  
Description: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_  
Distinguishing Marks \_\_\_\_\_ Copy of Driver's License   
Copy of Social security card   
Marital status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

2. Spouse: \_\_\_\_\_ Email \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
Home phone #: \_\_\_\_\_  
Description: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Distinguishing Marks \_\_\_\_\_ Copy of Driver's License   
Copy of Social security card

In case of emergency, notify: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us: Newspaper:  Drive By:  Other \_\_\_\_\_

If pets allowed: Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Has this pet ever bitten or attacked anyone: Yes  No   
Spayed or neutered? Yes  No   
Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Has this pet ever bitten or attacked anyone: Yes  No   
Spayed or neutered? Yes  No

List names, social security numbers, and dates of birth of each and every applicant and occupant who will be residing at the premises:

Name: _____	SSN: _____	Date of birth: _____
Name: _____	SSN: _____	Date of birth: _____
Name: _____	SSN: _____	Date of birth: _____
Name: _____	SNN: _____	Date of birth: _____
Name: _____	SSN: _____	Date of birth: _____

## Residential History

Please provide the following information for yourself

1. Present landlord/community name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Dates Rented From: \_\_\_\_\_ To: \_\_\_\_\_

For Office Use Only

VERIFIED: Date: \_\_\_\_\_

Verified with whom: \_\_\_\_\_

2. Previous landlord/community name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Dates Rented From: \_\_\_\_\_ To: \_\_\_\_\_

For Office Use Only

VERIFIED: Date: \_\_\_\_\_

Verified with whom: \_\_\_\_\_

3. Previous landlord/community name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Dates Rented From: \_\_\_\_\_ To: \_\_\_\_\_

For Office Use Only

VERIFIED: Date: \_\_\_\_\_

Verified with whom: \_\_\_\_\_

Please provide the following information for your spouse, roommate(s), and every other Lessee (signer(s) of the Lease):

1. Present landlord/community name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Dates Rented From: \_\_\_\_\_ To: \_\_\_\_\_

For Office Use Only

VERIFIED: Date: \_\_\_\_\_

Verified with whom: \_\_\_\_\_

2. Previous landlord/community name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Dates Rented From: \_\_\_\_\_ To: \_\_\_\_\_

For Office Use Only

VERIFIED: Date: \_\_\_\_\_

Verified with whom: \_\_\_\_\_

3. Previous landlord/community name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_  
 Dates Rented From: \_\_\_\_\_ To: \_\_\_\_\_  
**For Office Use Only**  
 VERIFIED: Date: \_\_\_\_\_  
 \_\_\_\_\_ Verified with whom: \_\_\_\_\_

**Employment** Please provide the following information for yourself:

1. Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income: \$ \_\_\_\_\_ Per \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
**For Office Use Only**  
 VERIFIED: Date: \_\_\_\_\_  
 \_\_\_\_\_ Verified with whom: \_\_\_\_\_

2. Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income: \$ \_\_\_\_\_ Per \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
**For Office Use Only**  
 VERIFIED: Date: \_\_\_\_\_  
 \_\_\_\_\_ Verified with whom: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income: \$ \_\_\_\_\_ Per \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
**For Office Use Only**  
 VERIFIED: Date: \_\_\_\_\_  
 \_\_\_\_\_ Verified with whom: \_\_\_\_\_

Please provide the following information for your spouse, roommate(s), and every other Lessee (signer(s) of the lease). (Use the back of this form if additional space is needed):

1. Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income: \$ \_\_\_\_\_ Per \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
**For Office Use Only**  
 VERIFIED: Date: \_\_\_\_\_  
 \_\_\_\_\_ Verified with whom: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
 2. Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income: \$ \_\_\_\_\_ Per \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
**For Office Use Only**  
 \_\_\_\_\_

VERIFIED: Date: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Income: \$ \_\_\_\_\_

Per \_\_\_\_\_

Employed From: \_\_\_\_\_

To: \_\_\_\_\_

For Office Use Only

VERIFIED: Date: \_\_\_\_\_

Verified with whom: \_\_\_\_\_

Please provide the following information for all other occupants. (Use the back of this form if additional space is needed):

1. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Income: \$ \_\_\_\_\_

Per \_\_\_\_\_

Employed From: \_\_\_\_\_

To: \_\_\_\_\_

For Office Use Only

VERIFIED: Date: \_\_\_\_\_

Verified with whom: \_\_\_\_\_

2. Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Income: \$ \_\_\_\_\_

Per \_\_\_\_\_

Employed From: \_\_\_\_\_

To: \_\_\_\_\_

For Office Use Only

VERIFIED: Date: \_\_\_\_\_

Verified with whom: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Income: \$ \_\_\_\_\_

Per \_\_\_\_\_

Employed From: \_\_\_\_\_

To: \_\_\_\_\_

For Office Use Only

VERIFIED: Date: \_\_\_\_\_

Verified with whom: \_\_\_\_\_

**Other Income -- Self**

Other Income: (Verification will be requested). Please list any SSI, Pension, Disability, Student Grants, Dividends, etc.

Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_

Amount: \_\_\_\_\_

\$ \_\_\_\_\_

Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_

Amount: \_\_\_\_\_

\$ \_\_\_\_\_

**Financial -- Self**

Bank Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Checking

Acct. #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Savings

Acct. #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Other Accounts

Acct. #: \_\_\_\_\_

**Other Income -- Spouse/Roommate(s) and every other Lessee (signer(s) of the lease)**

Other Income: (Verification will be requested). Please list any SSI, Pension, Disability, Student Grants, Dividends, etc.

Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Financial -- Spouse/Roommate(s) and every other Lessee (signer(s) of the lease)**

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Checking \_\_\_\_\_ Acct. #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Savings \_\_\_\_\_ Acct. #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Accounts \_\_\_\_\_ Acct. #: \_\_\_\_\_

**Other Income -- Occupant(s)**

Other Income: (Verification will be requested). Please list any SSI, Pension, Disability, Student Grants, Dividends, etc.

Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Financial -- Occupant(s)**

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Checking \_\_\_\_\_ Acct. #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Savings \_\_\_\_\_ Acct. #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Accounts \_\_\_\_\_ Acct. #: \_\_\_\_\_

**General Questionnaire -- Answer All Questions (Adults and Juvenile Applicants)**

1. Have you or anyone (including all potential occupants) on this Application, ever been evicted, asked to leave a property, moved to avoid eviction, or moved because of problems with other tenants or the property owner?  Yes  No

If yes, please explain:

\_\_\_\_\_  
(write on the back side of this page if more room is needed)

2. Have you, or anyone (including all potential occupants) on this Application, ever plead no contest to, plead guilty to or been convicted of any felony; or ever plead no contest to, plead guilty to, or been convicted of any misdemeanor involving alcohol, drugs, gangs, children, violence, or theft (this includes any crime in the same categories plead to, convicted of, or committed by any potential juvenile occupants)?  Yes  No

If yes, please explain:

\_\_\_\_\_  
(write on the back side of this page if more room is needed)

Are there any criminal cases currently filed or pending against you or any prospective Lessee or occupant?  Yes  No

3. If yes, please explain:

\_\_\_\_\_  
(write on the back side of this page if more room is needed)

Have you, or anyone on this application, even been placed on probation, parole, released from jail or released from prison?  Yes  No

4. If so, please explain who and why in detail on the back of this page.

5. Have you, or anyone on this application, ever been, or currently are, a member of a gang or member of a gang currently involved in any criminal activity, been arrested in the last five years, have an arrest warrant outstanding, or awaiting disposition in any criminal matter?  Yes  No

If so, please explain who and why in detail on the back of this page.

6. Number of cars: \_\_\_\_\_
- A) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
Registered owner: \_\_\_\_\_ License Plate #: \_\_\_\_\_
- B) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
Registered owner: \_\_\_\_\_ License Plate #: \_\_\_\_\_
- C) If additional vehicles please list on back of this page.

7. Your Driver's License #:

Spouse's/Roommate(s) Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Each \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Occupant's/Roommate(s) Name: \_\_\_\_\_  
For Office Use Only \_\_\_\_\_

VERIFIED: Obtain copy of driver's license for file

8. Character Reference -- Self: (List two references):  
Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Character Reference -- *Spouse or Roommate(s) or other lessees (list two):*  
 Name: \_\_\_\_\_ For whom: \_\_\_\_\_ (name)  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_ For whom: \_\_\_\_\_ (name)  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Character Reference -- *Occupants (list two):*  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ For whom: \_\_\_\_\_ (name)  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ For whom: \_\_\_\_\_ (name)

If additional space is needed for, references or any other requested information use the back of this page.

All adults who will occupy the apartment, before Landlord can consider it must sign this application. Acceptance of this application, and any monies deposited herewith is not binding upon Landlord, until approved by Landlord in writing. This Application fee is non-refundable. If anything in this application is found to be false or misleading, even if tenancy is approved, tenants will be subject to immediate termination.

**Non-Refundable Application Fee: \$40 per person or \$60 for legally married couples**

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application including, but is not limited to, making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from the other credit institutions may be performed by Landlord. The undersigned agrees that this application and any information reports will remain the property of Landlord.

I/we hereby grant this property management company the right to process this application. Obtain all of my credit information for obtaining, and thereafter, holding, a Rental Lease Agreement with this property now, and at any time during my tenancy, if approved, and thereafter for collection purposes at the sole discretion of property owner whether a judgment is obtained or not. I/we agree that at all times during the lease should management require a new application to be filled out. I/We agree to fill out a new application within ten days after a written request is made. Failure to do so shall subject me/us to immediate termination at management's sole discretion. Additionally, I/we authorize all corporations, companies and law enforcement agencies, academic institutions, current and former employers, property owners, mortgagees, character references to release information they may have about my/our credit, criminal history, employment, finances, rental/ownership history, academic history, character history or any other information needed by management. Applicant hereby releases property owner, owner's agents, Management Company, its employees, agents, and all others performing any investigation regarding this Application from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

Signature of All Applicants or Co-Signers

X \_\_\_\_\_ x \_\_\_\_\_

X \_\_\_\_\_ x \_\_\_\_\_

X \_\_\_\_\_  
 Leasing Agent Agent ID Phone

OFFICE NAME ADDRESS, CITY, STATE, ZIP CODE



# TENANT SCREENING

## CREDIT & CRIMINAL BACKGROUND AUTHORIZATION FORM

PROPERTY ADDRESS \_\_\_\_\_

NAME: \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXP DATE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ D.O.B. \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

IN COMPLIANCE WITH THE **FAIR CREDIT REPORTING ACT**, THIS NOTICE IS TO INFORM YOU THAT THE PROCESSING OF THIS APPLICATION INCLUDES BUT IS NOT LIMITED TO MAKING ANY INQUIRES DEEMED NECESSARY. TO VERIFY THE ACCURACY OF TH INFORMATION HEREIN, INCLUDING OBTAINING CONSUMER REPORTS FROM CONSUMER CREDIT REPORTING AGENCIES AND OBTAINING CONSUMER AND CRIMINAL INFORMATION FROM OTHER INSTITUTIONS FOR THE PURPOSE OF OBTAINING A RENTAL/LEASE AGREEMENT.

THE UNDERSIGNED IS THE PERSON NAMED ABOVE AND HEREBY AUTHORIZES RE/MAX ALLIANCE GROUP TO OBTAIN SUCH CREDIT REPORTS AND CRIMINAL INFORMATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Application Fee is \$40 per person or \$60 for married couple. Certified funds only or Cash