

RENTAL APPLICATION (RESIDENTIAL LEASE)

**ARIZONA DEPARTMENT OF TRANSPORTATION
INFRASTRUCTURE DELIVERY AND OPERATIONS DIVISION
RIGHT OF WAY PROPERTY MANAGEMENT SECTION**

CONTACT INFORMATION

Primary Applicant Name: _____ Date of Birth: _____
Social Security #: _____ Phone: _____ Email: _____
Number of Adult Occupants (Over 18 years): _____ Number of Minor Children: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Length of Occupancy: _____ Years _____ Months Notice to Vacate Given?: ____ Yes ____ No

Name of Spouse/Co-Applicant: _____ Date of Birth: _____
Social Security #: _____ Phone: _____ Email: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Length of Occupancy: _____ Years _____ Months Notice to Vacate Given?: ____ Yes ____ No

PROVIDE THE LAST TWO YEARS PROPERTY INFORMATION

Primary Previous Address: _____
How long did you reside there? _____ Years _____ Months Notice to Vacate Given?: ____ Yes ____ No
Landlord Name: _____ Landlord Phone Number: _____

Co-Applicant Previous Address: _____
How long did you reside there? _____ Years _____ Months Notice to Vacate Given?: ____ Yes ____ No
Landlord Name: _____ Landlord Phone Number: _____

EMPLOYMENT HISTORY

Current Employer: _____ Job Title: _____
Complete Address: _____
Phone: _____ Start date: _____ Gross Monthly Salary: _____

Co-Applicant Current Employer: _____ Job Title: _____
Complete Address: _____
Phone: _____ Start date: _____ Gross Monthly Salary: _____

Previous Employer: _____ Job Title: _____
Complete Address: _____
Phone: _____ Start date: _____ End date: _____ Gross Monthly Salary: _____

Co-Applicant Previous Employer: _____ Job Title: _____
Complete Address: _____
Phone: _____ Start date: _____ End date: _____ Gross Monthly Salary: _____

REFERENCES

Nearest Relative: _____ Relationship: _____ Phone: _____
Address: _____

Name: _____ Relationship: _____ Phone: _____
Address: _____

Name: _____ Relationship: _____ Phone: _____
Address: _____

Emergency Contact: _____ Phone: _____

Have you been convicted of a felony in the past five (5) years? ____ Yes ____ No Co-Applicant? ____ Yes ____ No
If yes, please explain: _____

Have you filed for bankruptcy within the past two (2) years? ____ Yes ____ No Co-Applicant? ____ Yes ____ No
If yes, please explain: _____

Applicant Signature: _____ Printed: _____ Date: _____

Co-Applicant Signature: _____ Printed: _____ Date: _____

*Applicant(s) certify that the above statements are true and complete. Applicant(s) hereby authorize verification of said information and references. Applicant(s) acknowledge that false information contained herein constitutes grounds for rejection of this application. Applicant(s) have received and accepts the attached qualifying criteria and rental instructions.

