



1502 East Osborn Road Phoenix, AZ 85014
 Phone: 602-297-2233 Fax: 602-264-4993



Please complete all sections—an incomplete application delays your approval!

Today's Date: _____ Desired Move-in Date _____
 Desired Lease Term: ___ Months ___ Years Target Rent \$ _____
 Unit type/Apt#: _____ **ID/Type** _____
 How did you hear about us _____
 Which features are most important for you in selecting ZaZu Pannee

APPLICANT _____ **CO-APPLICANT** _____ **SPOUSE** or _____ **SIGNIFICANT OTHER**

NAME (include jr or sr if applicable)		NAME (include jr or sr if applicable)	
SOCIAL SECURITY NUMBER	CELL PHONE NUMBER	SOCIAL SECURITY NUMBER	CELL PHONE NUMBER
DATE OF BIRTH	HOME PHONE NUMBER	DATE OF BIRTH	HOME PHONE NUMBER
DRIVERS LICENSE #	WORK PHONE NUMBER	DRIVERS LICENSE #	WORK PHONE NUMBER
NUMBER OF DEPENDANTS	EMAIL ADDRESS	NUMBER OF DEPENDANTS	EMAIL ADDRESS

APPLICANT _____ **RESIDENT HISTORY** _____ **CO-APPLICANT**

APPLICANT	RESIDENT HISTORY	CO-APPLICANT
PRESENT HOME ADDRESS (street , city, state, ZIP) Street _____ Apt # _____ City _____ State _____ Zip _____ _____ <i>Landlord's Name / Apartment Complex Name / FAX# or Email Address</i> Rent Amount _____ Dates from _____ to _____ ___ Yes / No Do you presently, or have you had any Bed Bug issues in this apt. If, yes, please detail when and how resolved _____	PRESENT HOME ADDRESS (street , city, state, ZIP) Street _____ Apt # _____ City _____ State _____ Zip _____ _____ <i>Landlord's Name / Apartment Complex Name / FAX# or Email Address</i> Rent Amount _____ Dates from _____ to _____ ___ Yes / No Do you presently, or have you had any Bed Bug issues in this apt. If, yes, please detail when and how resolved _____	PRESENT HOME ADDRESS (street , city, state, ZIP) Street _____ Apt # _____ City _____ State _____ Zip _____ _____ <i>Landlord's Name / Apartment Complex Name / FAX# or Email Address</i> Rent Amount _____ Dates from _____ to _____ ___ Yes / No Do you presently, or have you had any Bed Bug issues in this apt. If, yes, please detail when and how resolved _____
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APPLICANT _____ **EMPLOYMENT INFORMATION** _____ **CO-APPLICANT**

APPLICANT	EMPLOYMENT INFORMATION	CO-APPLICANT
Current Employer _____ Self Employed _____ Name _____ Street _____ City _____ Zip _____ Date From _____ to _____ Phone _____ Supervisor _____ FAX Number _____ Gross monthly income _____	Current Employer _____ Self Employed _____ Name _____ Street _____ City _____ Zip _____ Dates From _____ to _____ Phone _____ Supervisor _____ FAX Number _____ Gross monthly income _____	Current Employer _____ Self Employed _____ Name _____ Street _____ City _____ Zip _____ Dates From _____ to _____ Phone _____ Supervisor _____ FAX Number _____ Gross monthly income _____
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APPLICANT _____ **ADDITIONAL INCOME** _____ **CO-APPLICANT**

Source: _____	Source: _____
Contact/Phone: _____	Contact/Phone: _____
Monthly Amount: _____	Monthly Amount: _____

BANK REFERENCE (Individual or Joint Account)

Name of Bank: _____ Location: _____ Phone: _____

Checking Acct #: _____ Savings Acct #: _____ How Long? _____

**List Individuals Under 18 that will be occupying the apartment:
Maximum Occupancy is 2 persons for one bedroom /4 persons for two bedrooms**

Name _____ Relationship _____ Date of Birth _____

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Have you or your spouse broken a past rental agreement? Yes _____ No _____ Explain: _____

Have you or your spouse ever been evicted? Yes _____ No _____ Explain: _____

Have you or your spouse ever been convicted of a crime? Yes _____ No _____ Explain: _____

Have you ever been subject of or filed a restraining order? Yes _____ No _____ Explain: _____

Will there be any pets in the apartment? Yes _____ No _____ Explain: _____

Have you ever filed bankruptcy? Yes _____ No _____ Explain: _____

Have you had any judgments or liens filed against you? Yes _____ No _____ Explain: _____

Have you had any bedbugs in your most current residence? Yes _____ No _____ Explain: _____

How many TV's will you be using in your apartment? _____

How many vehicles do you plan to park on the property? _____

Make _____ Model _____ Year _____ Color _____ State _____ License # _____

Make _____ Model _____ Year _____ Color _____ State _____ License # _____

In case of an emergency notify:

Name _____ Address _____ Relationship _____ Telephone Number _____

Name _____ Address _____ Relationship _____ Telephone Number _____

PLEASE READ CAREFULLY :

Application fees are non-refundable. Applicant represents that all of the above statements are true and complete, and hereby authorized verifications of above information references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered before move in. Applicant acknowledges that management may not be able to complete comprehensive action of the Agreement before move in. Management reserves the right to verify application information after move-in and may convert the proposed Rent Agreement to a month-to-month term if misleading information is contained in this application. I warrant that all statements above set forth in this application are true, however, should any statement made above be a misrepresentation or not a true statement of facts, two-hundred fifty (\$250.00) dollars will be paid by the applicants to offset the agent's cost, time and effort in processing my application. In the event of fees, deposits or advance rent paid to the Property, the undersigned applicants authorize the Property to automatically deduct this amount from such funds.

I/We hereby deposit \$250.00 as earnest money. Upon acceptance of this application, this deposit shall be retained and applied to applicants general account. When so approved and accepted I/We agree to execute a lease for 13 months before possession is given and to pay the balance of the security and other deposits within two (2) business/banking days after being notified of my acceptance. In the event that I/We withdraw my application, prior to approval, or I'm approved and do not move in, the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character and reputation. In the event that a Statement of Account Agreement is entered into then that document shall supercede this application in the event of a discrepancy between the two. If this application is not approved and accepted by the owner or agent, other than denied for untruthful application, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance, which the owner or his agent may reject without stating any reason for so doing.

I/We recognize that as part of ZaZu Pannee Park Regent's application processing, an investigative consumer report may be prepared whereby information is obtained through personal interviews with references, friends, employers and others with whom applicants may be acquainted. This inquiry includes information as to character, general reputation, personal characteristics, and mode of living. I/We understand that you may have the right to make written interviews with neighbors, friends, employers, credit references and others with whom I/We may be acquainted. This inquiry includes information as to character, general reputation, personal characteristics, and mode of living. I/We authorize all corporations, companies, law enforcement agencies, academic institutions and current and former employers to release information and to release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original. I/We understand that I/We may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____