



# MANAGEMENT MASTERS INC.

3370 N. Hayden Rd. #123-307, Scottsdale, AZ 85251  
(480) 990-1833 - FAX (480) 990-1041

Property Wanted \_\_\_\_\_ Desired Lease From \_\_\_\_\_ To \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Pet Fee \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_

*Each Applicant Must Fill Out Separate Form, Unless Married With Joint Credit*

PLEASE COMPLETE THIS APPLICATION WITH ALL PERTINENT DETAILS

**Applicant's Name** \_\_\_\_\_ Applicant's Phone No. \_\_\_\_\_ Birth Date \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Any Other Names \_\_\_\_\_ Marital Status: Married ( ) Single ( ) Divorced ( )  
**Spouse's Name** \_\_\_\_\_ Any Other Names \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_  
Driver's License Number: Applicant \_\_\_\_\_ State \_\_\_\_\_ Spouse \_\_\_\_\_ State \_\_\_\_\_  
Names and Ages of Anyone Else Who Will Occupy the Premises and Relationship to Applicant \_\_\_\_\_

**Most Recent Address** \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Moving \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Name of Apts. \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Moving \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Previous Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Name of Apts. \_\_\_\_\_

**Applicant's Employer** \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per Hr ( ) Wk ( ) Mo ( ) # of Hours per Week \_\_\_\_\_ Date Started \_\_\_\_\_

**Previous Employment** \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per Hr ( ) Wk ( ) Mo ( ) # of Hours per Week \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

**Spouse's Employer** \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per Hr ( ) Wk ( ) Mo ( ) # of Hours per Week \_\_\_\_\_ Date Started \_\_\_\_\_

**Spouse's Previous Employment** \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per Hr ( ) Wk ( ) Mo ( ) # of Hours per Week \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

**Other Source of provable, steady income** \_\_\_\_\_

1. Name of Bank \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_  
2. Name of Bank \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_

**CREDIT REFERENCES**

- 1. \_\_\_\_\_ Account Number \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. \_\_\_\_\_ Account Number \_\_\_\_\_ Phone # \_\_\_\_\_
- 3. \_\_\_\_\_ Account Number \_\_\_\_\_ Phone # \_\_\_\_\_

**CHARACTER REFERENCES (Friends, not Relatives or Business Associates)**

- 1. \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_
- 3. \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Has applicant, spouse, or any other proposed resident ever been convicted of a crime? Placed on probation/parole? Is there currently a warrant for your/their arrest? Are you currently involved in any criminal activity? \_\_\_ Yes \_\_\_ No If yes, give full explanation and details below.

Have you ever filed for Bankruptcy? \_\_\_ Yes \_\_\_ No Has the bankruptcy been discharged? \_\_\_ Yes \_\_\_ No Discharge date \_\_\_\_\_

Have you ever been evicted? \_\_\_ Yes \_\_\_ No If yes, was landlord paid for amounts due? \_\_\_ Yes \_\_\_ No  
Do any of the occupants smoke? \_\_\_ Yes \_\_\_ No If yes, please list names. \_\_\_\_\_

**VEHICLES**

- 1. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_
- 2. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_
- 3. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

**PETS:**

Type (dog,cat,etc)	Breed	Name	Age	Weight	Color	Spayed/Neutered

**Emergency Contact (Nearest Relative):** Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**A NONREFUNDABLE PROCESSING CHARGE IS PAYABLE WITH THIS APPLICATION IN THE AMOUNT OF \$25.00. THE APPLICANT UNDERSTANDS THAT THE PROCESSING CHARGE WILL NOT BE REFUNDED UNDER ANY CIRCUMSTANCES OR APPLIED TO ANY MONIES DUE LESSOR.** Earnest money in the amount of \$\_\_\_\_\_ is payable to Management Masters, Inc. with application, and it will be retained by the lessor as liquidated damages if applicant is approved, but does not complete the lease. It will be returned if application is disapproved. A photocopy of a driver's license or other official form of ID must be submitted with application.

Applicant understands that the giving of false information or tendering of a Bad Check may, at Lessor's option, breach and void any subsequent lease. Lessor's failure to deliver possession of the premises at the time agreed upon shall not subject lessor to damages in any amount.

Applicant understands that a free copy of the Arizona Landlord and Tenant Act may be obtained from the Secretary of State's office.

**RELEASE**

I/We, \_\_\_\_\_, (print name) understand that this application is a part of my/our lease agreement. Also, that as a part of normal procedure for processing this application, an investigative consumer report may be obtained whereby information as to my/our character, income, credit, employment stability, general reputation, personal characteristics and mode of living shall be researched. I/We hereby authorize release of information to Management Masters, Inc.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Referred By: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE