A-1 Property Management
P.O. Box 5727 | Mohave Valley, Arizona 86446
PHONE: 928/716-HOME (4663) | FAX: 928/788-2655

EQUAL HOUSING OPPORTUNITY

RENTAL APPLICATION

Please complete all information below. All other applicants over the age of 18 must complete and sign their own application.

Primary Applicant _____
First Middle Last

SS#_____ Drivers License #_____State _____ Expiration_____

DOB_____ Phone#_____
Cell Home Work

Current Address_____City_____State_____Zip_____

Current Landlord's Name_____ Phone #_____

How long at this address_____ Reason for leaving_____

Present Employer_____
Name Your Position How Long? Gross Income

Employer's Address_____
Supervisor's Name Phone #

Other Income/sources_____

Co- Applicant _____
First Middle Last

SS#_____ Drivers License #_____State _____ Expiration_____

DOB_____ Phone#_____
Cell Home Work

Current Address_____City_____State_____Zip_____

Current Landlord's Name_____ Phone #_____

How long at this address_____ Reason for leaving_____

Present Employer_____
Name Your Position How Long? Gross Income

Employer's Address_____
Supervisor's Name Phone #

Other Income/sources_____

Number and type of pets_____Have either of you ever been party to an eviction? [ ] Yes [ ] No

Total number of adults_____Total number of children living with you under the age of 18_____

Emergency Contact _____
Name Address Phone # Relationship

Personal Reference_____
Name Address City Phone #

Will you be receiving mail at your home address? [ ] Yes [ ] No P.O. Box _____

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow owner/manager to disclose tenancy information to previous or subsequent owner/managers.

Signature_____Date_____

Signature_____Date_____