

**Vermillion View**

90 Elk Rd

Page, AZ 86040

928-645-1660

**Rental Application**

<b>Unit Number</b>	
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**PART I - HOUSEHOLD COMPOSITION**

HH Mbr#	Last Name	First Name	Date of Birth	Relationship to Head of Household	Student Status	Drivers License Number	Social Security or Alien Reg No.
1					FT / PT / NA		
2					FT / PT / NA		
3					FT / PT / NA		
4					FT / PT / NA		
5					FT / PT / NA		
6					FT / PT / NA		
7					FT / PT / NA		
8					FT / PT / NA		
9					FT / PT / NA		

<b>Do you anticipate a change in the household occupants in the next 12 months?</b>	<b>YES</b>	<b>NO</b>	<b>Do you have a pet?</b>
<b>If Yes, please explain:</b>			<b>Yes      No</b>

**PART II - STUDENT STATUS**

Are ALL occupants of the household full time students?	Yes	No	(Circle one)
<b>If Yes, to the above, answer the following:</b>			
Is the household comprised of a single parent and with school age child(ren), neither of whom are dependents of a third party?	Yes	No	(Circle one)
Are Applicant & Co-Applicant married and do they file a joint income tax return?	Yes	No	(Circle one)
Does the household receive TANF/AFDC?	Yes	No	(Circle one)
Are any of the students currently or previously part of the Foster Care Program	Yes	No	(Circle one)
Are any of the students, participants in the Job Training Partnership Act?	Yes	No	(Circle one)

**PART III -CONTACT INFORMATION- RENTAL HISTORY (Need 2 years of History)**

Phone #: (      )	Email:			
Present Address City      State      Zip	How Long? from      to	( ) Own ( ) Rent	Phone	Monthly Payment \$
Name of Present Landlord/Mortgage Co.	City      State      Zip	Day Phone (      )	Night Phone (      )	
Previous Address City      State      Zip	How Long? from      to	( ) Own ( ) Rent	Phone	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.	City      State      Zip	Day Phone (      )	Night Phone (      )	

**PART IV - IMPORTANT INFORMATION**

AUTO #1 (Year, Make, Model, Color)	License Plate	State	Payment Made to:	Monthly Payment \$
AUTO #2 (Year, Make, Model, Color)	License Plate	State	Payment Made to:	Monthly Payment \$
Name of APPLICANT'S nearest Relative	Relationship	Address City      State      Zip	Phone (      )	
Emergency Contact	Relationship	Address City      State      Zip	Phone (      )	
Personal Reference	Relationship	Address City      State      Zip	Phone (      )	

**PART V - SECTION 8**

Do you receive Section 8 assistance?	YES	NO	If YES, please complete the rest of this section	
Name of Caseworker	Telephone number of Caseworker	Office:	Voucher Amount \$	Last Recertification Date

PART VI - RECURRING INCOME - PREVIOUS 2 YEARS (1st Applicant)									
Applicants Name:									
(Circle all applical		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed		
Current Employer			Position		How Long from to		Supervisor Name		
Telephone Number		Fax Number			Address				
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		If Yes Weekly Amount		Do you have more than one job?	
\$ per Hour / Week / Month				YES NO		\$		YES NO	
Second Employer			Position		How Long from to		Supervisor Name		
Telephone Number		Fax Number			Address				
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		If Yes Weekly Amount		Do you have more than one job?	
\$ per Hour / Week / Month				YES NO		\$		YES NO	
Previous Employer			Position		How Long from to		Supervisor Name		
Telephone Number		Fax Number			Address				
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		If Yes Weekly Amount		Do you have more than one job?	
\$ per Hour / Week / Month				YES NO		\$		YES NO	
(Circle each one individually)									
OTHER INCOME:		Alimony / Child Support		YES	NO	\$	Week / Month		
Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if		SNAP(Food Stamps) /TANF(Cash Assistance)		YES	NO	\$	Week / Month		
		Social Security / Disability		YES	NO	\$	Week / Month		
		Retirement / Pension / Annuities		YES	NO	\$	Week / Month		
		Unemployment		YES	NO	\$	Week / Month		
		Worker's Compensation		YES	NO	\$	Week / Month		
		Recurring Gifts from Family		YES	NO	\$	Week / Month		
		Grants & Scholarships		YES	NO	\$	Week / Month		
		Military/Reserve Pay		YES	NO	\$	Week / Month		
		Other Recurring Monies		YES	NO	\$	Week / Month		
RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)									
Applicants Name:									
(Circle all applical		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed		
Current Employer			Position		How Long from to		Supervisor Name		
Telephone Number		Fax Number			Address				
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		If Yes Weekly Amount		Do you have more than one job?	
\$ per Hour / Week / Month				YES NO		\$		YES NO	
Second Employer			Position		How Long from to		Supervisor Name		
Telephone Number		Fax Number			Address				
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		If Yes Weekly Amount		Do you have more than one job?	
\$ per Hour / Week / Month				YES NO		\$		YES NO	
Previous Employer			Position		How Long from to		Supervisor Name		
Telephone Number		Fax Number			Address				
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		If Yes Weekly Amount		Do you have more than one job?	
\$ per Hour / Week / Month				YES NO		\$		YES NO	
(Circle each one individually)									
OTHER INCOME:		Alimony / Child Support		YES	NO	\$	Week / Month		
Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if		SNAP(Food Stamps) /TANF(Cash Assistance)		YES	NO	\$	Week / Month		
		Social Security / Disability		YES	NO	\$	Week / Month		
		Retirement / Pension / Annuities		YES	NO	\$	Week / Month		
		Unemployment		YES	NO	\$	Week / Month		
		Worker's Compensation		YES	NO	\$	Week / Month		
		Recurring Gifts from Family		YES	NO	\$	Week / Month		
		Grants & Scholarships		YES	NO	\$	Week / Month		
		Military/Reserve Pay		YES	NO	\$	Week / Month		
		Other Recurring Monies		YES	NO	\$	Week / Month		

## PART VII - ASSETS

OTHER INCOME: *Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.*

Applicant Name: _____				Applicant Name: _____					
			Value	Annual Earnings			Value	Annual Earnings	
Cash on Hand	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Checking Account	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Savings Account	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Money Market, CD's and Other	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Stocks / Bonds	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Internet Based (Venmo, CA, etc)	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Real Estate	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Boat, Trailer and Rec Vehicles	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Life Insurance (Excluding Term)	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Crypto Currency	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Other Assets	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
<b>Total: \$ _____</b>				<b>\$ _____</b>	<b>Total: \$ _____</b>				<b>\$ _____</b>

**Has any member of the household disposed of an asset for less than fair market value in the past 24 months?** YES      NO

**If YES, please list:** \_\_\_\_\_

## PART VIII- CERTIFICATION

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Cornerstone Residential, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application or in the termination of the Lease Agreement.

In addition, applicant has paid \$ \_\_\_\_\_ holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In no event shall this period exceed 30 days. In the event this application is not approved by the owner or the applicant withdraws the application within 72 hours of the date of deposit, the \$ \_\_\_\_\_ holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$ \_\_\_\_\_ holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Cornerstone Residential, or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income history and employment history as necessary to verify all information put forth in the above referenced application for residency, faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

**Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense?**

**Yes      No** (Circle one)

**Have you ever been EVICTED?**

**Yes      No** (Circle one)

**Where you referred to the property by anyone?**

**Yes      No** (Circle one)

**If Yes, Who?** \_\_\_\_\_

**If Resident, Apt #** \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Representative

\_\_\_\_\_  
Date

