



To Be Completed By Professional Choice

Rental Address: _____ Occupancy Date: _____
 Submit with Application Non-Refundable Application Fee \$ _____ Holding Deposit \$ _____ (Money Order Only)
 Lease Term: _____ Rent Amount: \$ _____ Security Dep: \$ _____ Other: \$ _____

Rental Application

Important! Read Please!

Thank you for submitting your application for consideration to Professional Choice. Please provide all information requested below. Incomplete applications will delay the tenant screening process, which may result in your application being disapproved. Any false or misrepresented information you provide or information obtained which proves the application to be fraudulent will be a basis for immediate **disapproval**. We strongly advise **review of the information on the reverse of this application for requirements and instructions.** **(Please Print)**

Applicant(s)	Last	First	MI	Social Security No.	Birth Date	Drivers License No	State
Applicant: _____	_____	_____	_____	____-____-____	____/____/____	_____	_____
Spouse: _____	_____	_____	_____	____-____-____	____/____/____	_____	_____
Telephone #: _____	Applicant Work#: _____			Spouse Work#: _____			
Applicant Email: _____		Spouse Email: _____					

(Roommates and/or Co-Signers Must Use A Separate Application)

Additional Occupant(s): _____
 (Copy of Each Applicant's Driver's License Must Accompany This Application)

PLEASE PROVIDE YOUR RESIDENTIAL HISTORY FOR THE PAST 3 YEARS – BEGINNING WITH THE MOST CURRENT

(Failure to provide the below information may cause disqualification or process delay)

Current: _____ Apt #, City, State, Zip _____
 Landlord's Name & Tel #: _____ () _____ Rent Amount Paid: \$ _____
 From: ____/____/____ to: ____/____/____ Reason For Leaving: _____

Previous: _____ Apt #, City, State, Zip _____
 Landlord's Name & Tel #: _____ () _____ Rent Amount Paid: \$ _____
 From: ____/____/____ to: ____/____/____ Reason For Leaving: _____

Prior: _____ Apt #, City, State, Zip _____
 Landlord's Name & Tel #: _____ () _____ Rent Amount Paid: \$ _____
 From: ____/____/____ to: ____/____/____ Reason For Leaving: _____

Other Addresses if above is less than 3 years – include landlord's name and tel #: _____

PLEASE PROVIDE EMPLOYMENT INFORMATION REQUESTED

(Copy of Your Last 2 Pay Stubs Must Accompany This Application)

Employer 1: _____ Position: _____ Tel #: () _____
 Supervisor: _____ How Long: _____ Gross Monthly Income \$ _____
 Employer 2: _____ Position: _____ Tel #: () _____
 Supervisor: _____ How Long: _____ Gross Monthly Income \$ _____
 Other Sources of Income: _____

PLEASE PROVIDE BANKING INFORMATION REQUESTED

Bank/Institution Name	Telephone #	Checking Account #	Saving Account #	Account Type
1) _____ () _____	_____	_____	_____	<input type="checkbox"/> Personal <input type="checkbox"/> Business
2) _____ () _____	_____	_____	_____	<input type="checkbox"/> Personal <input type="checkbox"/> Business

PLEASE PROVIDE VEHICLE INFORMATION REQUESTED

Year	Make or Model	License Plate #	State	Color
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

LIST ALL OTHER OCCUPANTS

Other Occupant's Name and Social Security #	Relationship	Birthdates
1) _____	_____	____/____/____
2) _____	_____	____/____/____

In Case of Emergency, Contact: _____ Tel. #: () _____
 Parent(s): _____ Address: _____ Tel. #: () _____

Pet Information: (Must Complete Pet Application and Pets Require Owner Approval)

Breed: _____ Age: _____ Weight _____
 Breed: _____ Age: _____ Weight _____

ADDITIONAL QUESTIONS

- 1. Have you, or any member of your household ever been delinquent in payment of your rent or any other financial obligations?
2. Have you, or any member of your household ever filed Bankruptcy?
3. Have you, or any member of your household ever been arrested, cited, prosecuted, plead guilty to, or been convicted of a felony?
4. Is there a current warrant for you or any other members of your household's arrest?
5. Has any applicant ever been sued for damages to rental property?

How were you referred to us?

PERSONAL REFERENCES

Name: Address: Tel #:
Name: Address: Tel #:

RELEASE AUTHORIZATION

In connection with my rental application with you, I understand that an investigative consumer report may be requested that will include information as to my character, credit, and past tenant history.

I voluntarily and knowingly authorize any present or past Landlord; Administrator, Law Enforcement Agency; State Agency; Federal Agency; Finance Bureau/Office; Credit Bureau; Collection Agency; Private Business; Personal Reference; and/or other persons to give records or information they may have concerning my criminal history, credit history, character, and employment history or any other information requested to Professional Choice.

According to the Fair Credit Reporting Act, I am entitled to know if my application is denied because of information obtained by my prospective landlord from a consumer-reporting agency.

Applicant has deposited a "Holding Deposit" in consideration for owner's taking the property off the market while considering approval of the application. If applicant is approved and the lease is entered into, the holding deposit shall be credited towards the required security deposit.

Applicant Initials Spouse Initials: Amount: Recvd: Date: Lease Date:

Note: Based upon the severity of the information received, the security deposit may be increased, a co-signer may be required or both for tenant consideration to be effective. Other negative factors (in whole or part) may also result in your application being disapproved or disqualified.

All prospective residents will be required to abide by the Homeowners Association's (HOA) Rules and Regulations.

RENTER'S INSURANCE: As an applicant, I understand that upon application and offer to rent approval, I shall obtain a renter's insurance policy including but not limited to a liability policy with a minimum of \$500,000.00 coverage that names the Landlord and Discount Real Estate Brokers, LLC dba Professional Choice as additionally insured parties.

Applicant Initials Spouse Initials:

Keys will be furnished only after lease has been signed and all monies due have been paid in full. Important: Payment of holding deposit, application fee and payment of first month's rent and security deposit must be made by Money Order or Cashier's Check.

Applicant acknowledges that false information herein may constitute grounds for rejection of this application and may constitute criminal offenses under the laws of Arizona. The undersigned applicant(s) hereby certify that the above information provided by applicants is true and accurate to the best of my (our) knowledge.

Applicant Signature: Date

Applicant Signature: Date



Professional Choice

P.O. Box 30095
Tucson, AZ 85751
(520) 444-4896 Fax (520) 445-8025



I hereby authorize release of the information requested below to the following Property Manager, Michele Keely, with Professional Choice.

Applicant's Name: _____ Applicant's Name: _____
Applicant's Signature: _____ Applicant's Signature: _____
Date: _____ Date: _____

Landlord,

Please verify rental history and fax back to Professional Choice at 520-445-8025. Thank you.

Property Address: _____

Dates of Residence _____ Monthly Rent: \$ _____

Number of Late Payments: _____ Number of Non-Sufficient Funds: _____

Lease Expire Date: _____

Does this person have pets? Yes No If so, what type of pet? _____

Did the animal(s) cause a problem? Yes No If yes, explain: _____

Would you re-rent to this person? _____

Date: _____ Signature: _____ Print Name: _____

Employer,

Please verify employment and fax back to Professional Choice at (520) 445-8025. Thank you.

Employer: _____

Length of Employment: _____ Probation Period: _____

Salary Verified: _____ Hourly, Monthly

Probability of Continued Employment: _____

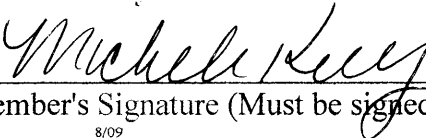
Verified By: _____ Title: _____

Date: _____

Member: Professional Choice
P.O. Box 30095
Tucson, AZ 85751

Tel.: (520) 444-4896 Fax: (520) 445-8025

Please sign >>>>>>>


Member's Signature (Must be signed)
8/09

Date

Information Request Form/Facsimile Cover Sheet

This facsimile transmission contains confidential and / or privileged information, intended only for the addressee named above. If you are not the intended addressee, please note that any disclosure, copying, distribution or use of this faxed information is prohibited. If you receive this facsimile in error, please notify us at 1-800-316-2455 so that we can arrange to retrieve the document without cost to you. Member agrees that this request for information is in accordance with and subject to the "Agreement for Service" which was signed between the member and the Credit Clearing House.
Information being requested on:

1st Subject

Notes:

Name: _____
 First Middle Init. Last Birth date

SS # _____

Street : _____ Apt. # _____ Tri Bureau ? _____

City _____ State _____ Zip _____

Criminal? _____

Eviction? _____

Signature of subject OR Reason for this request \$ _____
Application fee

Is this a husband and wife Joint report ? _____

2nd Subject

Notes:

Name: _____
 First Middle Init. Last Birth date

SS # _____

Street : _____ Apt. # _____ Tri Bureau ? _____

City _____ State _____ Zip _____

Criminal? _____

Eviction? _____

Signature of subject OR Reason for this request \$ _____
Application fee

Credit Clearing House

Voice (508) 675-1112 533 Locust St., Suite 3, Fall River, MA 02720 Fax: (508) 679-4999
National Toll Free Customer Service: Voice: (800) 316-2455 Fax: (800) 440-2045

The above information is all we need to deliver a report. IT MUST BE COMPLETE INCLUDING ZIP CODE.
You can fax a request to us 24 hours per day. If received after business hours, we will fax the report to you the following morning Please **print or type** clearly with **black ink**. Colored inks (blue, red, etc.) reproduce poorly when printed by a fax machine.
E - MAIL us at: cch533@aol.com

Over, Please