

# RENTAL APPLICATION

Each applicant must submit a separate application.  
PLEASE PRINT IN BLACK INK, UNLESS YOU SUBMIT DIGITALLY.

<b>COMMUNITY NAME</b>		<b>COMMUNITY CONTACT</b>		<b>COMMUNITY PHONE #</b>		<b>COMMUNITY FAX #</b>		<b>APT #</b>							
La Serena at Toscana				(602) 923-3862		(602) 923-3864									
APPLICANT'S LAST NAME		FRST	MI	MARITAL STATUS (CHOOSE ONE) <b>M S D W</b>		SOCIAL SECURITY #		D.O.B.		DRIVER'S LICENSE #		STATE			
APPLICANT'S LAST NAME		FRST	MI	MARITAL STATUS (CHOOSE ONE) <b>M S D W</b>		SOCIAL SECURITY #		D.O.B.		DRIVER'S LICENSE #		STATE			
<b>OTHER PERSONS THAT WILL OCCUPY THE PROPERTY</b>	FULL NAME			RELATION		MONTH	DOB DAY	YEAR	FULL NAME			RELATION	MONTH	DOB DAY	YEAR
	FULL NAME			RELATION		MONTH	DOB DAY	YEAR	FULL NAME			RELATION	MONTH	DOB DAY	YEAR
	FULL NAME			RELATION		MONTH	DOB DAY	YEAR	FULL NAME			RELATION	MONTH	DOB DAY	YEAR
WILL A PET OCCUPY THE PROPERTY?				BREED	TYPE	WEIGHT		IS THE PET PROPERLY LICENSED & INOCULATED FOR RABIES?							
<input type="checkbox"/> YES <input type="checkbox"/> NO								<input type="checkbox"/> YES <input type="checkbox"/> NO							
<b>RESIDENCE HISTORY</b>															
PRESENT STREET ADDRESS			APT #	CITY		STATE	ZIP CODE		DATES OF OCCUPANCY MOVE IN DATE / / MOVE OUT DATE / /						
PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY						MONTHLY PAYMENT	LANDLORD PHONE + AREA CODE ( )			(CHOOSE ONE) OWN RENT					
SPOUSE'S ADDRESS IF DIFFERENT			APT #	CITY		STATE	ZIP CODE		DATES OF OCCUPANCY MOVE IN DATE / / MOVE OUT DATE / /						
SPOUSE'S LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY						MONTHLY PAYMENT	LANDLORD PHONE + AREA CODE ( )			(CHOOSE ONE) OWN RENT					
<b>EMPLOYMENT HISTORY</b>															
NAME OF PRESENT EMPLOYER				PHONE NUMBER + AREA CODE ( )				DIRECT SUPERVISOR/HUMAN RESOURCES							
EMPLOYMENT ADDRESS			START DATE	END DATE	CURRENT POSITION HELD			GROSS INCOME (BEFORE TAXES)							
NAME OF SPOUSE'S PRESENT EMPLOYER				PHONE NUMBER + AREA CODE ( )				DIRECT SUPERVISOR/HUMAN RESOURCES							
EMPLOYMENT ADDRESS			START DATE	END DATE	CURRENT POSITION HELD			GROSS INCOME (BEFORE TAXES)							
INCOME FROM ADDITIONAL SOURCES (ADDITIONAL INCOME NEED NOT BE DISCLOSED UNLESS SUCH INCOME IS TO BE CALCULATED FOR QUALIFICATION HEREUNDER)								AMOUNT \$							
<b>AUTO INFORMATION</b>															
AUTO #1	YEAR	MAKE	MODEL		COLOR			LICENSE PLATE	STATE						
AUTO #2	YEAR	MAKE	MODEL		COLOR			LICENSE PLATE	STATE						
<b>PERSONAL INFORMATION</b>															
HAVE YOU OR YOUR SPOUSE EVER HAD AN EVICTION FILED AGAINST YOU?										YES	NO				
HAVE YOU EVER BROKEN A RENTAL AGREEMENT?										YES	NO				
DO YOU CURRENTLY OWE ANY PRIOR LANDLORDS MONEY?										YES	NO				
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?										YES	NO				
HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME?										YES	NO				
NAME OF APPLICANT'S NEAREST RELATIVE			TELEPHONE WITH AREA CODE		STREET ADDRESS			CITY	STATE	ZIP CODE					
NAME OF SPOUSE'S NEAREST RELATIVE			TELEPHONE WITH AREA CODE		STREET ADDRESS			CITY	STATE	ZIP CODE					
EMERGENCY CONTACT			WORK TELEPHONE WITH AREA CODE		HOME TELEPHONE		STREET ADDRESS		CITY	STATE	ZIP CODE				
THE ABOVE NAMED EMERGENCY CONTACT IS AUTHORIZED TO REMOVE AND/OR STORE ALL CONTENTS OF THE DWELLING AND/OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH OF RESIDENT.															
<input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE      SIGNATURE _____															

**NON-REFUNDABLE APPLICATION FEE\* \$46.04**

- Application Fee is applicable to each Resident 18 years or older regardless of marital status.

**HOLDING FEE\* \$204.60**

- Upon approval, this fee will be credited against future rent.
- Holding fee will be retained by the Community as liquidated damages in the event I do not choose to enter into into a lease agreement for the unit which I have applied for wit this application.
- I understand that I acquire no rights in the apartment until I complete the application, pay the holding fee, and execute a lease on the apartment.

**\*APPLICATION FEE AND HOLDING FEE MUST BE PAID BY CREDIT/DEBIT CARD OR CASHIERS CHECK MADE PAYABLE TO THE PROPERTY**

"I/We hereby authorize the Community to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records or arrest, rental history, employment/salary details, vehicle records, licensing records, and/or necessary information. I hereby expressly release the Community, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

I/We certify that, to the best of my knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction."

Should your application be denied you have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to Western Reporting, Inc., 8789 S. Highland Drive #300, Sandy UT 84093. Phone: 800-466-1966.

**Applicant(s) Signature:**

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

DATE SUBMITTED: \_\_\_\_\_

CONTACT PHONE # (        )

**CHOOSE ONE:**    HOME        WORK        CELL        OTHER

EMAIL \_\_\_\_\_

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

DATE SUBMITTED: \_\_\_\_\_

CONTACT PHONE # (        )

**CHOOSE ONE:**    HOME        WORK        CELL        OTHER

EMAIL \_\_\_\_\_

**Agent Signature:**

AGENT FOR THIS OWNER: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**OPTIONS FOR FORM SUBMISSION:**

1- PRINT THE BLANK FORM BY CLICKING THE 'PRINT FORM' BUTTON BELOW, FILL IT OUT IN BLACK INK, AND MAIL TO US AT:

Toscana Manager  
LA SERENA AT TOSCANA APARTMENTS  
1814 E Bell Road  
Phoenix, AZ 85022

2- FILL OUT FORM DIGITALLY, PRINT THE FORM BY CLICKING THE 'PRINT FORM' BUTTON BELOW, AND MAIL TO US AT:

Toscana Manager  
LA SERENA AT TOSCANA APARTMENTS  
1814 E Bell Road  
Phoenix, AZ 85022

Don't forget to send the Application and Holding Fees (listed at the top of this page) with your completed form.

3- FILL OUT FORM DIGITALLY, SAVE THE FORM BY DOWNLOADING THE FORM TO YOUR COMPUTER AND EMAIL TO US AT:

ToscanaLeasing@brprop.com AND THEN CALL US TO MAKE YOUR APPLICATION PAYMENTS OVER THE PHONE AT (602) 923-3862