

RENTAL APPLICATION

- Consider using “Adobe Fill & Sign” or similar FREE apps to fill out this form on your computer or phone
- If you printed the form, consider using “CamScanner” or other FREE apps to use your phone as a scanner

Incomplete applications will be declined. Please mark items N/A or send an email explaining why you can’t provide the requested information.

Address of desired Property: _____ Date: _____

How did you hear about this property? _____ Desired Move-In Date: _____

To guarantee compliance with the Federal Fair Housing Acts, **information is required for each applicant over the age of eighteen (excluding dependent children) who will reside at the property. Fill out an extra application if you need more space.**

APPLICANT - PLEASE PRINT

Applicant’s Full Name: _____

Home/Cell Phone #: _____ Work Phone #: _____ E-mail: _____

APPLICANT EMPLOYMENT HISTORY (5 years required)

Current Employer: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Hire Date: _____ Position: _____

Gross monthly pay: \$ _____ Hours per week: _____ Supervisor: _____

Previous Employer: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Dates (mm/yy – mm/yy): _____ Position: _____

Gross monthly pay: \$ _____ Hours per week: _____ Supervisor: _____

Previous Employer: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Dates (mm/yy – mm/yy): _____ Position: _____

Gross monthly pay: \$ _____ Hours per week: _____ Supervisor: _____

Previous Employer: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Dates (mm/yy – mm/yy): _____ Position: _____

Gross monthly pay: \$ _____ Hours per week: _____ Supervisor: _____

APPLICANT ADDRESS HISTORY (5 years required)

Current Address: _____ City: _____ State: _____ Zip: _____

Move-in date: _____ Move-out Date: _____ Rent/Payment\$: _____

Why Moving? _____

Landlord/Lender: _____ Phone #: _____

Previous Address:	City:	State:	Zip:
Move-in date:	Move-out Date:	Rent/Payment \$:	
Why Moved?			
Landlord/Lender:	Phone #:		

Previous Address:	City:	State:	Zip:
Move-in date:	Move-out Date:	Rent/Payment \$:	
Why Moved?			
Landlord/Lender:	Phone #:		

Previous Address:	City:	State:	Zip:
Move-in date:	Move-out Date:	Rent/Payment \$:	
Why Moved?			
Landlord/Lender:	Phone #:		

Previous Address:	City:	State:	Zip:
Move-in date:	Move-out Date:	Rent/Payment \$:	
Why Moved?			
Landlord/Lender:	Phone #:		

OTHER INCOME YOU WOULD LIKE US TO CONSIDER

(For example: Spousal support, child support, disability, social security, self-employment, etc.)

Source:	Gross amount per month:
Source:	Gross amount per month:
Source:	Gross amount per month:
Source:	Gross amount per month:

LIST ALL DEBT or SUPPORT PAYMENTS

(For example: Spousal support, child support, collections, cars, boats, student loans, credit cards, etc.)

Item:	Per month:
Item:	Per month:
Item:	Per month:
Item:	Per month:
Item:	Per month:
Item:	Per month:
Item:	Per month:
Item:	Per month:

CO-APPLICANT - PLEASE PRINT

Co-Applicant's Full Name: _____

Home/Cell Phone #: _____

Work Phone #: _____

E-mail: _____

CO-APPLICANT EMPLOYMENT HISTORY (5 years required)

Current Employer: _____

Phone #: _____

Address: _____

City: _____

Zip: _____

Hire Date: _____

Position: _____

Gross monthly pay: \$ _____

Hours per week: _____

Supervisor: _____

Previous Employer: _____

Phone #: _____

Address: _____

City: _____

Zip: _____

Dates (mm/yy – mm/yy): _____

Position: _____

Gross monthly pay: \$ _____

Hours per week: _____

Supervisor: _____

Previous Employer: _____

Phone #: _____

Address: _____

City: _____

Zip: _____

Dates (mm/yy – mm/yy): _____

Position: _____

Gross monthly pay: \$ _____

Hours per week: _____

Supervisor: _____

Previous Employer: _____

Phone #: _____

Address: _____

City: _____

Zip: _____

Dates (mm/yy – mm/yy): _____

Position: _____

Gross monthly pay: \$ _____

Hours per week: _____

Supervisor: _____

CO-APPLICANT ADDRESS HISTORY (5 years required)

*use "same as Applicant" if appropriate

Current Address: _____

City: _____

State: _____

Zip: _____

Move-in date: _____

Move-out Date: _____

Rent/Payment\$: _____

Why Moved? _____

Landlord/Mortgage: _____

Phone #: _____

Previous Address: _____

City: _____

State: _____

Zip: _____

Move-in date: _____

Move-out Date: _____

Rent/Payment \$: _____

Why Moved? _____

Landlord/Mortgage: _____

Phone #: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Move-in date: _____ Move-out Date: _____ Rent/Payment \$: _____

Why Moved? _____

Landlord/Mortgage: _____ Phone #: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Move-in date: _____ Move-out Date: _____ Rent/Payment \$: _____

Why Moved? _____

Landlord/Mortgage: _____ Phone #: _____

LIST ALL VEHICLES OWNED BY APPLICANTS

Year Make (i.e. Ford/Chevy) Model State/License Plate #: _____

LIST TWO (2) LOCAL PERSONAL REFERENCES FOR QUALIFYING AND IN CASE OF EMERGENCY

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

MARK YES OR NO TO THE FOLLOWING QUESTIONS:

(These questions apply to both Applicant & Co-Applicants.)

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you financially capable of making basic repairs to the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you prepared to make the monthly payments in full every month on or before the 1st of the month? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Will you have the entire move-in amount available prior to moving in? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever received a breach notice, an eviction notice or been evicted from a property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever withheld rent, refused to pay rent or paid rent later than ten (10) days when due? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you owe any landlord any money? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you filed bankruptcy in the last 7 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever been foreclosed upon in the last 7 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you ever been arrested, charged or convicted of misdemeanor or felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you ever used, sold, or distributed any illegal drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you anticipate any warrant being issued or do you have any outstanding warrants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- **Send email explanation if you answered yes to questions 4-11.**

LIST ALL NAMES AND AGES OF THE INDIVIDUALS THAT WILL RESIDE IN THE PROPERTY

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

PET INFORMATION

Type of Pet _____	Name _____	Weight _____	Color _____
Type of Pet _____	Name _____	Weight _____	Color _____
Type of Pet _____	Name _____	Weight _____	Color _____
Type of Pet _____	Name _____	Weight _____	Color _____

EXTRA SPACE or EXPLAIN ANY UNUSAL CIRCUMSTANCES

Applicant hereby certifies that the information supplied in this application is true. Applicant understands that any false answers or statements made will be sufficient grounds for eviction/forfeiture. Applicant authorizes present and past landlords and Employers, Banks, Credit references, personal references, and any other person to release information regarding applicants' credit, rental, and employment history.

Incomplete applications will be declined. Please mark items N/A or send an email explaining why you can provide requested information.

_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
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NOTE: APPLICATIONS WILL NOT BE ACCEPTED ON A "FIRST-COME, FIRST-SERVED BASIS." THE MOST QUALIFIED APPLICANT WILL BE CHOSEN. THIS PROPERTY IS MANAGED BY A PRINCIPAL REPRESENTING HIS INTEREST AND/OR OF THE OWNER OF THE REAL PROPERTY. THE COMPANY WILL ASSIST ALL PERSONS WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, FAMILIAL STATUS, OR DISABILITY.

To Process Application Immediately - email to: americandreamsolutions.info@gmail.com

- You can also mail to address below using USPS. Please email us so we know the application is on the way.

**American Dream Solutions, LLC
Office 623-282-1041
Mailing Address: 14175 W Indian School Rd Ste B4 #152 * Goodyear * AZ 85395**