



APPLICATION FOR RESIDENCY



ACTION PROPERTY MANAGEMENT • 725 W. Elliot Rd., Ste. 102 • Gilbert, AZ 85233 • (480) 491-3600 • Fax (480) 491-1450

PLEASE PRINT
(All sections must be completed)

Individual applications required from each adult occupant.

FULL NAME	CIRCLE IF APPLICABLE JR. SR. I II III	SOCIAL SECURITY NUMBER
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DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	EXPIRES	HOME PHONE NUMBER ()
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1. PRESENT ADDRESS	APT. #	CITY	STATE	ZIP CODE
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DATE IN	DATE OUT	COMPLEX NAME	OWNER / MGR. NAME	OWNER / MGR. PHONE NO.	MONTHLY RENT
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2. PREVIOUS ADDRESS	APT. #	CITY	STATE	ZIP CODE
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DATE IN	DATE OUT	COMPLEX NAME	OWNER / MGR. NAME	OWNER / MGR. PHONE NO.	MONTHLY RENT
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3. PREVIOUS ADDRESS	APT. #	CITY	STATE	ZIP CODE
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DATE IN	DATE OUT	COMPLEX NAME	OWNER / MGR. NAME	OWNER / MGR. PHONE NO.	MONTHLY RENT
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WILL YOU HAVE PETS?	IF YES LIST ALL DETAILS:	BREED OF DOG	WEIGHT	AGE	HOW MANY?	BREED OF CAT	NEUTERED/SPAYED?	AGE	HOW MANY?
CIRCLE: YES NO	1. 2. 3.					1. 2. 3.	CIRCLE: YES NO YES NO YES NO		

LIST ANY OTHER TYPE OF ANIMAL/PET OTHER THAN CATS/DOGS AND HOW MANY.

EMPLOYED BY:	POSITION:	DEPT.:
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ADDRESS:	DATE HIRED:	PHONE: ()
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NAME OF YOUR SUPERVISOR: <small>(or CPA if Self-Employed)</small>	SALARY \$	CIRCLE ONE: WK MO YR
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PRIOR EMPLOYMENT:	POSITION:	DEPT.:
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ADDRESS:	FROM:	TO:	PHONE: ()
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NAME OF YOUR SUPERVISOR:	SALARY \$	CIRCLE ONE: WK MO YR
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OTHER SOURCE OF INCOME _____ **\$** _____ **CIRCLE ONE:** WK MO YR

PERSON & PLACE TO CONTACT FOR VERIFICATION _____ **PHONE** _____

CURRENT TOTAL INCOME	CIRCLE ONE:	COMMENTS:
\$	PER WK MO YR	

NAME OF YOUR BANK	BANK CITY AND STATE LOCATION	ACCOUNT NUMBERS
		CHECKING
		SAVINGS

CIRCLE ONE:	CIRCLE ONE:	DISCHARGE DATE:
HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO	HAS THE BANKRUPTCY BEEN DISCHARGED? YES NO	

HAVE YOU EVER BEEN EVICTED? YES NO	IF YES, WAS LANDLORD PAID FOR AMOUNTS DUE? YES NO	DATE PAID
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DO ANY OF THE OCCUPANTS SMOKE? YES NO **IF YES, PLEASE LIST NAMES:**

DO YOU USE, BEEN CONVICTED ON ANY DRUG OFFENSE, OR DO YOU MANUFACTURE ILLEGAL DRUGS? YES NO