



FRED LEEDS PROPERTIES

Acquisitions, Residential & Retail Management,
Brokerage and Development

*Please print out, sign, and bring back to main office at **1627 Havasupai Drive building 6 in Bullhead City, AZ 86442** or email to:

alyssanewhouse@fredleedsproperties.com

or

wendymccarthy@fredleedsproperties.com

The following is a list of requirements that must be provided for each resident (18 years or older) who will live in the unit:

- 2 forms of Government Issued ID (Driver's License, Social Security card, Military ID, Green card, Passport, State Issued ID, and/or Birth Certificate). All ORIGINAL forms of ID must be valid and brought into the office prior to the application being submitted. Copies will NOT be accepted.
- Proof of income – Gross income needs to be 2 times the amount of rent
 - Proof can be as follows: the last 2 months of sequential paystubs from current employer, 3 most recent bank statements, and/or the first 5 pages of most recent tax return. Proof of earnings from social security, child support, alimony, and/or spousal support must be documented with award letter or judgement order. Unverifiable income will not be considered, i.e. unemployment or cash jobs.
- Passing background and credit check – After carefully reviewing the documents and income, we will use the information given to us to process your credit and background check. Accounts from medical bills or education loans will not be counted. Please note that these checks can take anywhere from 3 – 5 days to process.
- Residential verification is a requirement. Please include both your current and previous residential addresses, including owner/manager name and contact information; we will need to contact them. If you lived with parents or other family members, please provide their information including full name and number.
- Renters' Insurance is a requirement for all residents (proof will be required within 2 weeks of lease signing).

Note that if your application comes back as preapproved with a recommendation for a cosigner, your application will need to be reconsidered once your cosigner's information is provided. Your cosigner will need to provide all of the above-mentioned requirements; however, they will need to show monthly income of 3 times the rent amount.

Maximum occupancy guidelines are 2 people per bedroom

Note that all of our leases are 1-year (12 month) leases, no exceptions.

The application will not be considered with any missing or false information

If approved and asked to provide a deposit, please know that the deposit will not be refunded if you pull out before the lease signing due to something that is not the fault of Fred Leeds Properties

For any questions, please contact one of our leasing agents, they will gladly answer all of your questions. Our leasing agents can be reached at 928-704-6667 or 928-444-5157 Monday through Friday from 8am to 3pm.



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For the rental property located at:

APPLICANT (Each applicant over the age of 18 must complete their own form and be approved for tenancy)

Last Name:	First Name:	Middle Name:
Cell Phone:	Work Phone:	Home Phone:
Current Address:		
Date of Birth:	Social Security Number or TIN:	
Driver's License Number/Expiration Date:		Other Government ID Number:
Email Address:		Other Names Used in last 10 years:

CURRENT INCOME

\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source:	Proof of Income:
\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source:	Proof of Income:

EMPLOYMENT INFORMATION

CURRENT EMPLOYMENT	
Employer:	Address:
Phone Number:	Supervisor Name:
Current Title:	Current Pay Rate: \$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week
Employment Start Date:	
Are you currently working with the above company? <input type="checkbox"/> Yes <input type="checkbox"/> No	*We will be contacting current employer to verify the accuracy of all of the above stated information

PRIOR EMPLOYMENT	
Employer:	Address:
Phone Number:	Supervisor Name:
Title:	Pay Rate: \$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week
Reason for leaving:	



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ADDITIONAL OCCUPANTS (All persons 18 or over must fill out their own application, unless otherwise allowed by law)

First, Middle, Last Name:	Date of Birth:	Relationship to Applicant:
First, Middle, Last Name:	Date of Birth:	Relationship to Applicant:
First, Middle, Last Name:	Date of Birth:	Relationship to Applicant:

RESIDENCE INFORMATION

Current Residence		
Address: (Street address, city, state, zip)		
Tenancy start date:	Tenancy End Date:	Rent Amount:
Owner/Manager's Name:	Phone Number:	
Are you currently residing here? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you ever pay your rent late or fail to pay your rent while residing here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever given a notice stating that you are violating the rules while you were residing here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your reason for leaving?		

Previous Residence(s)		
(Please list for the last five (5) years (Attach additional pages, if needed))		
Address: (Street address, city, state, zip)		
Tenancy start date:	Tenancy End Date:	Rent Amount:
Owner/Manager's Name:	Phone Number:	
Are you currently residing here? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you ever pay your rent late or fail to pay your rent while residing here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever given a notice stating that you are violating the rules while you were residing here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your reason for leaving?		

VEHICLE INFORMATION

I will have _____ vehicles parked at the premises				
Make:	Model:	Year:	Plate #:	Color:
Make:	Model:	Year:	Plate #:	Color:



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PERSONAL REFERENCES

Name:	Address:	Phone Number:	Relationship:
1.			
2.			

NEXT OF KIN (Family member to contact if there is an emergency)

Name:	Address:	Phone Number:	Relationship:
1.			
2.			

GENERAL INFORMATION (Check the boxes)

Do you smoke?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you even been party to a lawsuit? (If so, describe below)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever filed for bankruptcy? (If so, describe below)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have liquid-filled furniture or intend to use liquid-filled furniture at the premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you even been convicted of a crime against persons or property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you even been evicted for non-payment of rent or for any other reason?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any pets?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered "YES" to any of the above questions, please explain below (attach additional pages as needed):

Applicant represents that all information given and statements made on this application are true and current. Applicant hereby authorizes Owner/Agent to verify and investigate by whatever means possible all facts and references stated herein, including but not limited to, current and previous landlords and employers, and personal references. Applicant hereby authorizes Owner/Agent to obtain Unlawful Detainer, Credit Reports, Tele checks, and/or Criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing and/or may result in denial of tenancy. Applicant acknowledges that Owner/Agent will rely on the information provided herein, and that any material misstatement(s) will, at Owner/Agent's option, be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction.

Signature of Applicant: _____ Date: _____



Next of Kin Contact Information

Please provide the information for your Power of Attorney or family member that should be contacted to collect your personal property in the event of an emergency or loss of life.

Name: _____

Relationship: _____

Address: _____ City/State/Zip: _____

Phone Number: _____

Name: _____

Relationship: _____

Address: _____ City/State/Zip: _____

Phone Number: _____

Should any of the information change, please update Landlord/Manager immediately with updated information

The above information is accurate, and I authorize Landlord/Manager to contact the above individual(s) in the event of an emergency or loss of life.

Signature: _____ Date: _____

Landlord/Manager Signature: _____ Date: _____