



AUTHORIZATION TO RELEASE INFORMATION

8230 East Broadway Blvd
Suite E-10
Tucson, AZ 85710
(520) 322-5100

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, Telecheck, employment, collection agency, private agency, private business, personal reference, and/or other persons to give records or information they may have concerning my criminal history or any other information requested to Apartment Prescreening of Tucson, LLC. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

This authorization shall be valid one year from the date signed and photographic or faxed copy of this authorization shall be as valid as the original. 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 or from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information. This information is being verified by Apartment Prescreening of Tucson, LLC (APT). Any information or questions should be directed to APT at the address located at the top of this page.

APPLICANT SIGNATURE

TODAY'S DATE

ADDITIONAL APPLICANT INFORMATION *Requested by Apartment PreScreening of Tucson, LLC*

_____ Last Name	_____ First Name	_____ Middle Name	_____ Current Phone
_____ Social Security Number	_____ Date of Birth	_____ Driver License Number	_____ State

CURRENT RESIDENCE

_____ Landlord Name	_____ Landlord Telephone	_____ Move In Date	_____ Monthly Rent Amount
_____ Current Residence (Street)	_____ (City)	_____ (State)	_____ (Zip Code)

PREVIOUS RESIDENCE(S)

(Provide past three years' residence. If necessary, use additional sheet)

_____ Previous Residence (Street)	_____ (City)	_____ (State)	_____ (Zip Code)
_____ Previous Residence (Street)	_____ (City)	_____ (State)	_____ (Zip Code)
_____ Previous Residence (Street)	_____ (City)	_____ (State)	_____ (Zip Code)

CURRENT EMPLOYER

_____ Position	_____ Date of Hire	_____ Pay Rate / (hourly, monthly)
_____ Company Name	_____ Supervisor	_____ Telephone

APT Subscriber: _____ Rental Address: _____

Arizona Rental Application

An individual application is required from each occupant 18 years of age or older. By submitting this Rental Application, authorization is given to the Community to obtain a credit report, eviction report, criminal background check and any other reports necessary to confirm the information disclosed below on the Applicant. Government Issued ID is necessary. If the applicant has been issued a U.S. Social Security Number, it needs to be provided below. Please print when completing the information below.

OFFICE USE ONLY:			
Community Name: Via Alamos Apartments	Apartment Number:	Monthly Rent:	Move-In Date:
Lease Term:	Date Received:	Other:	

APPLICANT INFORMATION:	
Legal Name: (First, Middle, Last; disclose any alias, if applicable)	Date of Birth:
☐ Please check this box if you have been issued a U.S. Social Security Number.	☐ Please check this box if you have not been issued a U.S. Social Security Number. Please provide an alternate form of government issued ID below.
U.S. Social Security Number:	State Issued:
Driver License #:	
Best Contact Phone #:	Phone Type: ☐ Home ☐ Cell ☐ Work ☐ Other:
Additional Contact Phone #:	Phone Type: ☐ Home ☐ Cell ☐ Work ☐ Other:

NAMES OF PERSONS UNDER 18 YEARS OLD WHO WILL OCCUPY APARTMENT:	
Name:	DOB:
Name:	DOB:
Name:	DOB:

CURRENT ADDRESS:			
Street Address:	City:	State:	Zip:
Monthly Rent Paid: \$	How long at this address? Years: Months: From: To:		
Landlord or Community Name:	Phone #:	Fax#:	

PREVIOUS ADDRESS:			
Street Address:	City:	State:	Zip:
Monthly Rent Paid: \$	How long at this address? Years: Months: From: To:		
Landlord or Community Name:	Phone #:	Fax#:	

CURRENT EMPLOYMENT:			
Company Name:	Position:	Gross Monthly Income: \$	
Address:	City:	State:	Zip:
Length of Employment: Years: Months: From: To:	Phone #:	Email:	
Supervisor's Name:	Phone #:	Email:	



PREVIOUS EMPLOYER (INFORMATION REQUIRED IF YOU HAVE BEEN WITH CURRENT EMPLOYER LESS THAN ONE YEAR):				
Company Name:		Position:		Gross Monthly Income: \$
Address:		City:		State: Zip:
Length of Employment: Years: Months: From: To:		Phone#:		Email:
Supervisor's Name:		Phone#:		Email:
OTHER INCOME:				
Other Income (monthly): \$		Source:		
Other Assets: \$		Source:		
PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:				
1. Have you filed for bankruptcy within the past seven (7) years? ☐ Yes ☐ No 2. Have you ever been evicted or asked to move? ☐ Yes ☐ No 3. Have you ever been convicted of a felony that involved an offense against property, persons, government officials, or involved firearms, illegal drugs or a sex crime? ☐ Yes ☐ No				
The parties agree that if there is any subsequent conviction of a felony that involved an offense against property, persons, government officials, or involved firearms, illegal drugs or a sex crime after approval of the Rental Application or move-in, the Resident agrees to immediately vacate the premises, remove all personal belongings, clean the premises, surrender possession and return all keys to management upon management's request.				
PETS (NAME, COLOR, SEX, BREED AND WEIGHT INFORMATION IS ONLY REQUIRED FOR CATS AND DOGS):				
Pet Type: ☐ No Pet ☐ Cat ☐ Dog ☐ Other		Name: Breed/Mix:		Color: Sex: Approximate Weight:
AUTOMOBILES:				
Year:	Make/Model:	Color:	License Plate #:	
Year:	Make/Model:	Color:	License Plate #:	
EMERGENCY CONTACT (OTHER THAN OCCUPANT IN YOUR NEW APARTMENT):				
Name:		Relationship:		Phone #:
Address:		City:		State: Zip:
WHAT FACTORS MOST INFLUENCED YOUR DECISION TO CHOOSE THIS COMMUNITY? (CHOOSE UP TO THREE):				
☐ Apartment Features/Finishes ☐ Property Appearance ☐ Lease Terms ☐ Community Amenities ☐ Location/Convenience ☐ Floor Plans ☐ Community Policies ☐ Residential Referral ☐ Staff/Management ☐ Rent Amount ☐ Parking ☐ Other: _____				
RESIDENT REFERRAL (INFORMATION REQUIRED IF YOU WERE REFERRED BY A RESIDENT OR OTHER REFERRAL SOURCE):				
Name of referring resident or referral source:				
PLEASE PROVIDE THE FOLLOWING TO ASSIST US IN PROCESSING YOUR APPLICATION:				
1. Driver License, State I.D. Card, or another government-issued photo identification 2. Proof of Income (last 30 days; i.e. employment pay stubs or award letter if on SSI or Disability) 3. Other information requested by your leasing representative.				
I authorize you to obtain a credit report in connection with this application. I also understand that any false, deceptive or absent information will result in the rejection of this application.				
Signature:		Date:		
Non-Refundable Processing Fee: \$35.00			Manager Initials:	
THANK YOU FOR CHOOSING VIA ALAMOS APARTMENTS				



Addendum to Rental Application

Have you or ANYONE who will be residing with you EVER:	YES	NO
Been convicted of any crime?		
Been placed on probation or parole?		
Been registered as a sex offender?		
Been in a gang, or are you currently a member of a gang?		
Been involved in, or are you currently involved in any illegal activity?		
Been evicted or had a forcible detainer filed against you?		
Been a petitioner in a case in bankruptcy court?		
Had a warrant, or do you currently have a warrant for your arrest?		
Moved to avoid eviction or because of problems with a tenant/landlord?		

Please explain all "YES" answers in detail. (What happened, when, where, and the results.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Signature

Date _____

VIA ALAMOS APARTMENTS

300 W. Via Alamos Dr.
Green Valley, Arizona 85614
(520) 625-7760

LANDLORD REFERENCE REQUEST

TO: _____

DATE: _____

PHONE/FAX: _____

EMAIL: _____

_____ has applied for residency at Via Alamos Apartments.
As part of the application process it is necessary to obtain verification of his/her prior residency.

Permission given by: _____
Applicant Signature

Please complete the section below and return via fax, email, or phone at your earliest convenience.

Sincerely,

Via Alamos Representative

300 W Via Alamos Drive
Green Valley, AZ 85614

Phone: (520) 625-7760

Fax: (520) 625-9306

Email: viaalamosaptsgv@gmail.com

****This portion below is to be filled out by Landlord or Office Staff****

Dates of Residency: From: _____		To: _____
Amount of Rent: \$ _____ per month		
Number of Late Payments: _____		
Any NSF's: YES NO	If yes, how many?	
Is rent current at this time: YES NO		
Any money owed? YES NO	If yes, how much?	
Any pets? YES NO	If yes, what kind?	
Any legal proceedings/evictions filed against applicant? YES NO		
Any Non-Compliance? YES NO		
Would you re-rent? YES NO		
Other comments/complaints: _____		

Verified By: _____

Title: _____

Date: _____