

**1st. Capitol  
Realty & Management Co. L.L.C.**  
929 E. Fort Lowell Rd.  
Tucson, Arizona 85719  
(520) 887-6544 Fax # (520) 887-2844  
[www.1stcapitolrealtyaz.com](http://www.1stcapitolrealtyaz.com)

Occupancy Standards 2 persons per Bedroom    \$40.00 Application fee Per Person - \$50.00 for Married Couple

## RENTAL APPLICATION

Landlord: 1<sup>st</sup> Capitol Realty

Property Address: \_\_\_\_\_

Move In Date: _____
Lease Term: _____
Unit#: _____ Rent Amt: \$ _____
<input type="checkbox"/> New Applicant <input type="checkbox"/> Add on Lease
<input type="checkbox"/> Co - Signer for _____

<input checked="" type="checkbox"/> Credit Check	<input checked="" type="checkbox"/> Criminal Check	<input checked="" type="checkbox"/> Employment Verification	<input checked="" type="checkbox"/> Rental History Verification	<input checked="" type="checkbox"/> Eviction Check
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**INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK!** EACH ADULT OCCUPANT MUST COMPLETE SEPARATE FORMS. APPLICATIONS WHICH ARE NOT COMPLETED FULLY OR SIGNED WILL BE REJECTED. IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY NO BY DRIVERS LICENSE, STATE ID, OR SS CARD.

APPLICANT INFORMATION				
<b>Applicant's Name</b> (full legal name)		<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> II <input type="checkbox"/> III		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated		Maiden Name:	Cell No.	
Social Security #	--    --	Date of Birth		
Driver's License #		State Issued Expiration Date		
Have you ever been convicted of a crime (minor traffic not included)? If yes, give details:				

RESIDENTIAL HISTORY				
Current Address			Your Phone #	
City		ST	ZIP	
Landlord / Mtg. Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family			
Landlord Phone	Alternate Phone			
Date Moved In	Current Rent Amount			
Lease Expires	<b>Have you Given Notice?</b>			
Reason for Move				
Previous Address				
City		ST	ZIP	
Landlord / Mtg. Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family			
Landlord Phone	Alternate Phone			
Date Moved In	Date Moved Out		Rent Amount	
Reason for Move				
Have you ever been evicted or refused to pay rent when due?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				

EMPLOYMENT HISTORY				
Current Employer	<input type="checkbox"/> Self Employed		Phone	
Address				
Nature of Business				
Position			Start Date	
Pay Rate	\$	Per HOUR WEEK MONTH	Hours Wkly	
Supervisor			Direct Phone	
<b>↓ PLEASE CHECK ONE: <input type="checkbox"/> Second Employer    <input type="checkbox"/> Previous Employer (If Current Less Than Three Years) ↓</b>				
Second Employer	<input type="checkbox"/> Self Employed		Phone	
Address				
Nature of Business				
Position			Start Date	End Date
Pay Rate	\$	Per HOUR WEEK MONTH	Hours Wkly	
Supervisor			Direct Phone	

ADDITIONAL OCCUPANT(S) (Separate applications required for all adults)			
Number of persons to occupy unit:			
Name	Relationship	Date of Birth	

FINANCIAL INFORMATION			
	Bank name	Branch / phone	Account No
Checking			
Savings			
<b>ADDITIONAL INCOME</b> (List alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)			
Have you ever filed bankruptcy?		When/where?	

OTHER INFORMATION						
	Make	Model	Year	Color	Lic plate #	State
Vehicle #1						
Vehicle #2						
Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe Type/Age:			Spayed/Neutered	
Do you have or intend to maintain renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have an aquarium? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you or other occupants smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you own furniture and furnishings to be moved into this apt? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If No, who does?						

REFERENCES		
Name	Relationship	Phone Number
<b>In Case of Emergency:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>In Case of Emergency:</b>	<b>Relationship:</b>	<b>Phone:</b>

Subject to the owner's approval, the undersigned hereby makes application to lease the apartment described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into reliantly or any misstatements made above.

AUTHORIZATION	
<p>I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord and LandAmerica Lender Services/Credit to verify any and all information above, including but not limited to access my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold LandAmerica Lender Services / Credit, their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord. I understand that I am entitled to a free copy of this report from the furnisher if I am denied residency based upon information contained in this report.</p>	
Print Name: _____	
Signature: _____ Date _____	

Furnished by: LandAmerica Lender Services / Credit 2 Concourse Parkway, Suite 400 Atlanta, GA 30328  
 Phone: 800-989-1056 Fax: 866-889-4789

ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, NATIONAL ORIGIN, OR SOURCE OF INCOME.



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*Home Rental Employment Verification*

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**I hereby authorize verification of my employment information.**

**Print Name:** \_\_\_\_\_

\_\_\_\_\_

Signature

Date

Dear Employer:

Our regulations require verification of certain information to determine the above-named person's eligibility to rent one of the properties we manage. We appreciate your cooperation and immediate attention in providing the information requested below.

- 1) Date of hire: \_\_\_\_\_
  - 2) Base pay: \_\_\_\_\_
  - 3) Shift differential (if applicable): \_\_\_\_\_
  - 4) Frequency: \_\_\_\_\_ (hourly, weekly, annually, etc.)
  - 5) Hours worked per week (average): \_\_\_\_\_
  - 6) Overtime rate (if applicable): \_\_\_\_\_
  - 7) Overtime hours per week (average): \_\_\_\_\_
  - 8) Average tips per week (if applicable): \_\_\_\_\_
  - 9) Bonus or commissions (if applicable): \_\_\_\_\_
  - 10) Additional information: \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Name and Title

Date

\_\_\_\_\_  
Company Name

Telephone Number

If you have any questions regarding this form, please call Art Garcia at (520) 887-6544. Thank you for your assistance

RNTPART\EMPLYVER.DOC

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*Fax Transmission*

Date: \_\_\_\_\_

To: \_\_\_\_\_

Fax number: \_\_\_\_\_

From: Art Garcia

Phone:(520) 887-6544

Fax: (520) 887-2844

Cell: (520) 870-5735

Number of pages including cover page:

*We are in the process of verifying information stated on our rental application. We would appreciate your help in answering the questions below. If you have any questions please give me a call at (520) 887-6544.*

**I hereby authorize verification of my rental information.**

**Print Name:** \_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

- |   |        |
|---|--------|
| 1) Has tenant given proper notice as per your rental agreement? | Yes/No |
| 2) Is rent current?   | Yes/No |
| 3) Does tenant pay on time?                                     | Yes/No |
| 4) Late payments: # _____                                       |        |
| 5) Monthly rent \$ _____  |        |
| 6) Lease began ____ and ends ____                               |        |
| 7) Non-compliances: _____                                       |        |
| 8) Any problems with pet? _____                                 |        |
| 9) Would you rent to this tenant again? _____ Yes/No            |        |
| 10) Any other comments: _____                                   |        |
| _____   |        |
| _____   |        |

*Thank you in advance for your assistance and prompt attention to this matter.*

*Art Garcia property manager*

**If you have problems receiving this fax, please call (520) 887-6544**