



SOMERTON VALLEY CENTER
725 E. Main St Suite 1A Somerton Valley Center PH: (928) 722-0056,
Email: contact@247resaz.com | Web: www.247resaz.com

APPLICATION FOR COMMERCIAL AT: _____

BEST CONTACT NUMBER: _____

DESIRED MOVE IN DATE: _____

PERSONAL INFORMATION:

1. NAME _____ DATE OF BIRTH _____
PRESENT ADDRESS _____ CITY _____
ST _____ COUNTY _____ ZIP _____ PHONE (HM) _____
(WORK PHONE) _____ (CELL) _____ (OTHER) _____
E-MAIL ADDRESS _____
SOC. SEC. # _____ DRIVER'S LICENSE # _____ STATE _____ EXP DATE _____

2. NAME _____ DATE OF BIRTH _____
PRESENT ADDRESS _____ CITY _____
ST _____ COUNTY _____ ZIP _____ PHONE (HM) _____
(WORK PHONE) _____ (CELL) _____ (OTHER) _____
E-MAIL ADDRESS _____
SOC. SEC. # _____ DRIVER'S LICENSE # _____ STATE _____ EXP DATE _____

COMPANY INFORMATION:

1. BUSINESS NAME: _____
MAILING ADDRESS: _____ CITY _____
ST _____ COUNTY _____ ZIP _____ PHONE : _____
YEARS IN BUSINESS: _____ TYPE OF BUSINESS _____
TAX ID# _____

PRINCIPAL'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

BANKING RELATIONSHIP

BANK _____ BRANCH _____ PHONE _____
HOW LONG? _____ TYPE OF ACCOUNT _____ AVERAGE BALANCE _____

CREDIT INFORMATION:

OWN () CURRENT LANDLORD'S NAME _____ RENT? () FILL OUT BELOW
LANDLORD (CURRENT) _____ ADDRESS _____
PHONE (HOME) _____ (WORK) _____ OKAY TO CALL _____ LEASED FROM _____ TO _____
LANDLORD (PREVIOUS) _____ ADDRESS _____
PHONE (HOME) _____ (WORK) _____ OKAY TO CALL _____ LEASED FROM _____ TO _____
HOW IS YOUR CREDIT? () GOOD () FAIR () OOOPS

REFERENCES: (MINIMUM TWO)

NAME _____ HOW KNOWN: (FRIEND, BOSS, ETC.): _____ PHONE # _____
NAME _____ HOW KNOWN: (FRIEND, BOSS, ETC.): _____ PHONE # _____
NAME _____ HOW KNOWN: (FRIEND, BOSS, ETC.): _____ PHONE # _____

HAVE YOU OR ANYONE LIVING WITH YOU EVER BEEN CONVICTED OF A CRIME, PLACED ON PROBATION/PAROLE,
HAVE A CURRENT WARRANT FOR YOUR/THEIR ARREST OR CURRENTLY INVOLVED IN ANY CRIMINAL ACTIVITY?

YES OR NO _____ EXPLAIN: _____

HAVE YOU EVER BEEN EVICTED? () YES () NO DATE _____
(As either a commercial or residential tenant)

REASON FOR EVICTION: _____

IN CASE OF EMERGENCY NOTIFY: _____ RELATIONSHIP _____
ADDRESS _____ PHONE# _____

DO YOU WISH TO HAVE A PET ON / IN THE RENTAL PROPERTY (OF ANY TYPE)? () YES () NO

NUMBER _____ TYPE _____ BREED _____ WEIGHT _____
NUMBER _____ TYPE _____ BREED _____ WEIGHT _____

