

APPLICATION TO LEASE PROPERTY

Krasnick Realty & Property Management, LLC., Illa Krasnick, Designated Broker
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Non-refundable Fee: \$40 Per Applicant (18 years or older) Pd: CA/CK/PL \$ _____

Address of rental applying for: _____

***Refundable Sec Dep: \$ _____ Pd: CA/CK/PL \$ _____ Rent: \$ _____**

Lease Date From: _____ To: _____ Pet Fee: \$0 / \$150 / \$300

APPLICANT LEGAL NAME: (18 years old/older) Provide copy of Driver's License
Provide social security number or proof of legal citizenship and current/year-end paystubs to expedite.

Legal Name: _____ DOB: _____ SS#: _____
Marital Status: _____ Cell Ph: _____ Wk Ph: _____
Email: _____

Auto Make: _____ Year: _____ Color: _____ Lic Plate: _____
Driver's Lic # _____ State: _____

Current Address: _____
City _____ State _____ Zip _____ (Own or Rent) Mo Payment: _____
Dates: _____
Landlord: _____ Relation: (Relative/Friend/None) Phone: _____

Previous Address: _____
City _____ State _____ Zip _____ (Own or Rent) Mo Payment: _____
Dates: _____
Landlord: _____ Relation: (Relative/Friend/None) Phone: _____

Present Employer: _____ Address: _____ Phone: _____
Position: _____ Dates: _____ Gross Monthly: _____
Supervisor Name / Phone#: _____
NOTE: Self employed, provide proof of income (2 months Bank statements or tax returns.)

Previous Employer: _____ Address: _____ Phone: _____
Position: _____ Dates: _____ Gross Monthly: _____
Supervisor Name / Phone#: _____
NOTE: Self employed, provide proof of income (2 months Bank statements or tax returns.)

NEAREST RELATIVE IN CASE OF EMERGENCY and that you authorize to enter and take possession of your personal property in the event of death, pursuant to A.R.S. §33-1314(F), disability or incarceration:

Name: _____ Phone: _____
Address: _____ Email: _____

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been evicted? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever willfully or intentionally refused to pay rent when due? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any judgments or collections resulting from a residential rental? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently owe any monies to an apartment or landlord? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted, arrested or charged with any crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in the distribution or sale of illegal drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever declared Bankruptcy? If yes, discharge date? _____ |

CO-APPLICANT LEGAL NAME: (18 years old/older) Provide copy of Driver's License

Provide social security number or proof of legal citizenship and current/year-end paystubs to expedite.

Legal Name: _____ DOB: _____ SS#: _____
Marital Status: _____ Cell Ph: _____ Wk Ph: _____
Email: _____

Auto Make: _____ Year: _____ Color: _____ Lic Plate: _____
Driver's Lic # _____ State: _____

Current Address: _____
City _____ State _____ Zip _____ (Own or Rent) Mo Payment: _____
Dates: _____
Landlord: _____ Relation: (Relative/Friend/None) Phone: _____

Previous Address: _____
City _____ State _____ Zip _____ (Own or Rent) Mo Payment: _____
Dates: _____
Landlord: _____ Relation: (Relative/Friend/None) Phone: _____

Present Employer: _____ Address: _____ Phone: _____
Position: _____ Dates: _____ Gross Monthly: _____
Supervisor Name / Phone#: _____
NOTE: Self employed, provide proof of income (2 months Bank statements or tax returns.)

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Position: _____ Dates: _____ Gross Monthly: _____
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Name: _____ Phone: _____
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- | Yes | No | |
|--------------------------|--------------------------|---|
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| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted, arrested or charged with any crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in the distribution or sale of illegal drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever declared Bankruptcy? If yes, discharge date? _____ |

OTHER OCCUPANTS:

1. _____ DOB: _____ Relationship: _____
2. _____ DOB: _____ Relationship: _____
3. _____ DOB: _____ Relationship: _____
4. _____ DOB: _____ Relationship: _____

PETS:

| Dog/Cat Breed | Weight | Age | M/F | Color | Name |
|---------------|--------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

SERVICE ANIMALS: (**Require: written verification from healthcare provider that applicant or occupant are disabled; that the service animal is needed; and animal’s health records)

| Dog/Cat Breed | Weight | Age | M/F | Color | Name |
|---------------|--------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Reason for Moving: _____

How were you referred to us? (TAR/MLS, referral, zillow, rent.com, sign, etc)_____

Any special needs/modifications necessary for tenant move in?_____

Have any occupants been exposed to bed bugs in the past six months?_____

I have been advised of the availability and to review Arizona Residential Landlord and Tenant Act:
<https://housing.az.gov/sites/default/files/documents/files/Landlord-Tenant-Act-ADOH-Publication-July-2018.pdf>

_____/_____(initials)

PAYMENT OPTIONS

ONLINE: https://payments.gozego.com/registration/pay_portal/32908907/STD?vpw=1387#
Follow the prompts to create a new account
Make online payments at your convenience
Paylease Fees: checking account = minimal fee; any card = percentage of payment.

CHECK: PAYABLE TO: KRASNICK REALTY & PROPERTY MANAGEMENT LLC
P.O. Box 577
Marana AZ 85653

Note: The balance of any deposits/fees and pro-rated rent/rent for the current period is due no later than the date you take possession.

Revised 9/23/2022

