

APPLICATION TO LEASE PROPERTY

Krasnick Realty & Property Management, LLC., Illa Krasnick, Designated Broker
MAIL: P O BOX 577 MARANA AZ 85653
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APPLICATION FEE LINK (on website):
<https://krasnickrealty.managebuilding.com/Resident/rental-application/new>

PRIOR TO APPLICATION COMPLETION PLEASE NOTE: We follow ARS 33-1317 F: An occupancy limitation of two persons per bedroom residing in a dwelling unit shall be presumed reasonable for this state and all political subdivisions of this state.

QUALIFICATION PROCESS/REQUIREMENTS WITH COMPLETED APPLICATION:

• PROVIDE:

- Proof of three times the rent in gross monthly income
 - Two paystubs from current employer, including year-end if possible.
 - If Self Employed/Retired: 2 months Bank statements or tax returns.
 - LES if military
 - Copy of Driver's License or State Issued ID for each applicant.
 - Application fee per applicant 18 years or older \$45 each (NON-REFUNDABLE) (link on website)
 - Petscreening.com (3RD party link on website). To be completed for each dog and cat.
- Negative residential rental history will lead to an automatic denial of the application.
 - Credit Report and Criminal Screenings will be conducted.
 - Rental and employment verifications will be obtained.
 - Rent shall be paid in one payment, not split. Partial rent payments will not be accepted.
 - All utilities shall be in tenant's name including but not limited to: WIFI, internet, water, sewer, trash, electric, gas unless noted otherwise in lease agreement.
 - Falsifying information on this application will be grounds for denial or eviction when discovered.
 - Smoking is not permitted in any rental managed by Krasnick Realty.
 - Tenant is responsible for yard maintenance, pest control, A/C filters changed monthly, abiding by all HOA rules & regulations.

PAYMENTS DUE/DISCLOSURE OF CHARGES: (options: ACH/check/money order)

- Application Fee non-refundable per adult (18 or older): **\$45 each** CA/CK/ACH
- Petscreening.com (directly to vendor thru web link) \$30 per pet (subject to change)
- Security Deposit refundable: \$ _____
- Rent monthly: \$ _____
- ACH Payment Fees: Bank routing/account # = \$2.00; Credit/Debit Card 2.99%

IF APPLICABLE:

- Pet Fee non-refundable: \$200 per pet
- Dishonored payments (i.e., returned NSF, etc.) \$75
- Missed appointments with vendors: \$billed by vendor
- Late fees 10% of the rent amount
- Certified Mail fees for breaches to lease agreement \$25
- Fines for HOA violations As issued by HOA
- Unauthorized pets \$25/day upon discovery
- Tenant caused maintenance (including but not limited to A/C) As billed by vendor

Krasnick Realty & Property Management, LLC. Broker or Licensee is acting on behalf of the Landlord and does not represent the Tenant in this transaction/application to lease property.

I have been advised of the availability and to review Arizona Residential Landlord and Tenant Act:

[Landlord Tenant Act May-2023 1.pdf \(az.gov\)](#)

_____/_____(initials)*

Address of rental applying for: _____

Lease Date From: _____ **To:** _____

APPLICANT: (18 years old/older)

Legal Name: _____
DOB: _____ SS#: _____ Marital Status: _____
Cell/Hm Ph: _____ Wk Ph: _____ Email: _____
List other names previously known by: _____

Auto Make/Model: _____ 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: _____

EMPLOYMENT:

Present Employer: _____ Address: _____ Phone: _____
Position: _____ Dates: _____ Gross Monthly: _____
Supervisor Name / Phone#: _____

Previous Employer: _____ Address: _____ Phone: _____
Position: _____ Dates: _____ Gross Monthly: _____
Supervisor Name / Phone#: _____

NEAREST RELATIVE/FRIEND IN CASE OF EMERGENCY (NOT LIVING WITH YOU) that you authorize to enter and take possession of your personal property and animals 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/charged with a crime? Date/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 NAME: (18 years old/older)

Legal Name: _____
DOB: _____ SS#: _____ Marital Status: _____
Cell/Hm Ph: _____ Wk Ph: _____ Email: _____
List other names previously known by: _____

Auto Make/Model: _____ 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: _____

EMPLOYMENT:

Present Employer: _____ Address: _____ Phone: _____
Position: _____ Dates: _____ Gross Monthly: _____
Supervisor Name / Phone#: _____

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Position: _____ Dates: _____ Gross Monthly: _____
Supervisor Name / Phone#: _____

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Name: _____ Phone: _____
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| <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? _____ |

AUTHORIZATION TO RELEASE INFORMATION/ACKNOWLEDGEMENT/DISCLOSURE

I hereby authorize Krasnick Realty & Property Management, LLC., (KRPM), to investigate the information supplied by me and to conduct inquiries concerning my income, credit and character for the purpose of verifying and qualifying for this rental and any renewals thereof. I further authorize the release of any and all information available from any rental or employment reference, former owners and credit reporting services, department of motor vehicles and governmental agencies. I hereby release and hold harmless all parties from liability for any damages that may result from furnishing this information to its owners, its agents and others. NOTE: Copy of actual credit report will not be provided to applicant.

Applicant acknowledges that KRPM may not be able to complete a comprehensive evaluation of this information prior to move-in. KRPM reserves the right to verify application information after move-in and may convert the proposed Lease Agreement to a month-to-month term or declare the lease irreparably breached and seek immediate eviction if false or misleading information is contained in this Application.

If this application is accepted, I will abide by all the rules and regulations of the management. I acknowledge that acceptance of rental deposit does not imply approval of applicant and deposit will be returned in event of denial. **I acknowledge that this deposit will be forfeited in full as liquidated damages if I do not accept occupancy on approval of this application.** A copy of the lease contract and/or any rules and regulations pertaining to this rental property has been made available for my inspection (upon request).

BY SIGNING BELOW I ACKNOWLEDGE READING, UNDERSTANDING AND AUTHORIZING SAID CONTENT OF THIS FIVE PAGE DOCUMENT.

PRINT NAME: _____

SIGN: _____

Date: _____

PRINT NAME: _____

SIGN: _____

Date: _____

Krasnick Realty & Property Management, LLC.

Cell: 520-349-7863

Email: krasnickrealty@gmail.com; or heather.krasnickrealty@gmail.com

web: <https://krasnickrealty.com>

OFFICE USE ONLY	References verified:	Employer:	_____
	(date/by/remarks)	Residence:	_____
		Credit:	_____
		Criminal:	_____

Please keep a copy or a photo of the completed application for your records.