

APPLICATION FOR RENTAL OCCUPANCYScottsdale Park Suites
1251 N Miller Rd.
Scottsdale, AZ 85257**Rental History Reports**
701 South Fifth Street . Hopkins, MN 55343
Phone (952) 545-3953 . Fax (952) 545-3973
www.RentalHistoryReports.com

Applicant: Please print clearly and fill out completely.

GENERAL INFORMATION:

LAST NAME		FIRST NAME		MIDDLE NAME	HOME PHONE
					WORK PHONE
					CELL PHONE
EMAIL ADDRESS					MARITAL STATUS
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER		DRIVERS LICENSE or ID NUMBER		STATE OF ISSUE

CRIMINAL HISTORY:

Yes	No	Have you ever been convicted, plead guilty or no-contest, or received probations, deferred adjudication, court-ordered supervision or pre-trivial diversion for a crime?
Yes	No	Are you currently charged with any criminal offense that is pending?

RENAL HISTORY:

Yes	No	Have you been Evicted?	Yes	No	Have you broken a lease?
Yes	No	Have you been sued for property damage?	Yes	No	Have you been sued for rent?

CURRENT RESIDENCE:

ADDRESS		APT #	CITY		STATE	ZIP
MANAGEMENT COMPANY			MANAGER/CONTACT		PHONE	
MOVE IN (MM/DD/YYYY)		MOVE OUT (MM/DD/YYYY)		REASON FOR LEAVING		

PREVIOUS RESIDENCE:

ADDRESS		APT #	CITY		STATE	ZIP
MANAGEMENT COMPANY			MANAGER/CONTACT		PHONE	
MOVE IN (MM/DD/YYYY)		MOVE OUT (MM/DD/YYYY)		REASON FOR LEAVING		

ADDITIONAL OCCUPANTS

ADDITIONAL OCCUPANT	AGE:
ADDITIONAL OCCUPANT	AGE:

EMPLOYMENT INFORMATION/SOUC OF INCOME

EMPLOYER NAME	ADDRESS
SUPERVISOR	PHONE
JOB TYPE	JOB TITLE
START DATE	LENGTH OF EMPLOYMENT
ESTIMATED INCOME \$	PER: WEEK MONTH YEAR

ADDITIONAL SOURCES OF INCOME:

EMPLOYER OR AGENCY:		
CONTACT	PHONE	AMOUNT

EMERGENCY CONTACT INFORMATION:

NAME	ADDRESS
RELATIONSHIP	PHONE

VEHICLES:

MAKE	MODEL	COLOR	YEAR
LICENSE PLATE	STATE	OWNER	

PETS:

TYPE	BREED	COLOR
SIZE	NAME	OWNER

I authorize the Community identified at the top of this Application and its designated agents and representatives, including Albin Acquisition Corporation d/b/a Rental History Reports (collectively, "Requestors") to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report regarding my criminal history, residential, employment and income history, and bank and credit history. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers or landlords; character references; criminal history records from any criminal justice agency in any or all federal, state county jurisdictions; or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Requestors from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization.

Applicant's Signature _____ Date _____