

# MC MANAGEMENT, LLC

# RENTAL APPLICATION

Each applicant must submit a separate application.  
PLEASE PRINT IN BLACK INK.

COMMUNITY NAME <b>Valle Verde</b>		COMMUNITY CONTACT <b>Tiffany Lee</b>		COMMUNITY PHONE # <b>520-648-6435</b>	APT#	APPLICANT/OCCUPANT/COSIGNER
APPLICANTS LAST NAME		FIRST	MI	SOCIAL SECURITY #	D.O.B.	DRIVER'S LICENSE # AND STATE ISSUED
APPLICANTS LAST NAME		FIRST	MI	SOCIAL SECURITY #	D.O.B.	DRIVER'S LICENSE # AND STATE ISSUED
OTHER PERSONS THAT WILL OCCUPY THE PROPERTY	FULL NAME	RELATION	DOB	FULL NAME	RELATION	DOB
	FULL NAME	RELATION	DOB	FULL NAME	RELATION	DOB
WILL A PET OCCUPY THE PROPERTY?		YES	OR	NO	BREED/TYPE	WEIGHT
				HOME PHONE + AREA CODE	( )	

## RESIDENCE HISTORY

PRESENT STREET ADDRESS	APT #	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY
PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY			MONTHLY PMT. \$	PHONE NUMBER + AREA CODE	MOVE IN DATE _____ MOVE OUT DATE _____ OWN _____ RENT _____
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY			MONTHLY PMT. \$	PHONE NUMBER + AREA CODE	MOVE IN DATE _____ MOVE OUT DATE _____ OWN _____ RENT _____
SPOUSE'S ADDRESS IF DIFFERENT	APT #	CITY	STATE	ZIP CODE	DATES OF OCCUPANCY
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY			MONTHLY PMT. \$	PHONE NUMBER + AREA CODE	MOVE IN DATE _____ MOVE OUT DATE _____ OWN _____ RENT _____

## EMPLOYMENT HISTORY

NAME OF PRESENT EMPLOYER	PHONE NUMBER + AREA CODE	DIRECT SUPERVISOR/HUMAN RESOURCES
EMPLOYMENT ADDRESS	START/END DATE	CURRENT POSITION HELD
		MONTHLY GROSS INCOME (BEFORE TAXES) \$
NAME OF PREVIOUS EMPLOYER	PHONE NUMBER INCLUDE AREA CODE	DIRECT SUPERVISOR/HUMAN RESOURCES
EMPLOYMENT ADDRESS	START/END DATE	CURRENT POSITION HELD
		MONTHLY GROSS INCOME (BEFORE TAXES) \$
NAME OF SPOUSE'S PRESENT EMPLOYER	PHONE NUMBER INCLUDE AREA CODE	DIRECT SUPERVISOR/HUMAN RESOURCES
EMPLOYMENT ADDRESS	START/END DATE	CURRENT POSITION HELD
		MONTHLY GROSS INCOME (BEFORE TAXES) \$
NAME OF SPOUSE'S PREVIOUS EMPLOYER	PHONE NUMBER INCLUDE AREA CODE	DIRECT SUPERVISOR/HUMAN RESOURCES
EMPLOYMENT ADDRESS	START/END DATE	CURRENT POSITION HELD
		MONTHLY GROSS INCOME (BEFORE TAXES) \$
INCOME FROM ADDITIONAL SOURCES PLEASE LIST BELOW		AMOUNT \$
ADDITIONAL INCOME NEED NOT BE DISCLOSED UNLESS SUCH INCOME IS TO BE CALCULATED FOR QUALIFICATION HEREUNDER		

## FINANCIAL INFORMATION

**\*INFORMATION BELOW IS REQUIRED FOR PROCESSING**

NAME OF BANK OR SAVINGS AND LOAN	BRANCH ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)	SAVINGS ACCOUNT NUMBER	CHECKING ACCOUNT NUMBER
(LOANS) LENDER NAME	ACCOUNT NUMBER	ADDRESS OF THE LENDER	TOTAL DEBT \$ MONTHLY PMT \$
CREDIT CARD	ACCOUNT NUMBER	CREDIT CARD	ACCOUNT NUMBER
AUTO #1 YEAR, MAKE, MODEL, COLOR	LICENSE PLATE # / STATE ISSUE	FINANCED THROUGH	MONTHLY PMT \$
AUTO #2 YEAR, MAKE, MODEL, COLOR	LICENSE PLATE # / STATE ISSUE	FINANCED THROUGH	MONTHLY PMT \$
NAME OF ADDITIONAL BANK OR SAVINGS AND LOAN	BRANCH ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)	SAVINGS ACCOUNT NUMBER	CHECKING ACCOUNT NUMBER

## PERSONAL INFORMATION

HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED?	YES	NO	HAVE YOU EVER BROKEN A RANTAL AGREEMENT?	YES	NO
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?	YES	NO	HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME?	YES	NO
NAME OF APPLICANTS NEAREST RELATIVE	TELEPHONE WITH AREA CODE	STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF SPOUSE'S NEAREST RELATIVE	TELEPHONE WITH AREA CODE	STREET ADDRESS	CITY	STATE	ZIP CODE
EMERGENCY CONTACT	WORK TELEPHONE	HOME TELEPHONE	STREET ADDRESS	CITY, STATE, ZIP CODE	
THE ABOVE NAMED EMERGENCY CONTACT IS AUTHORIZED TO REMOVE AND / OR STORE ALL CONTENTS OF THE DWELLING AND / OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH OF RESIDENT.					
I AGREE TO THE ABOVE DISCLAIMER			I DISAGREE TO THE ABOVE DISCLAIMER		

HOW DID YOU HEAR ABOUT OUR COMMUNITY?

I UNDERSTAND THAT I ACQUIRE NO RIGHTS IN THE APARTMENT UNTIL I SIGN THIS AGREEMENT AND SUBMIT A HOLDING FEE IN THE AMOUNT OF \$ \_\_\_\_\_ UPON APPROVAL OF TENANCY AND THE SIGNING OF AN APARTMENT RENTAL APPLICATION, THIS FEE WILL BE CREDITED AGAINST MY DEPOSIT. IN CONSIDERATION FOR LANDLORD HOLDINGS SAID APARTMENT AT THE ABOVE NAMED COMMUNITY, I HEREBY WAIVE ALL RIGHTS TO THE RETURN OF SAID HOLDING FEE AND SAID FEE SHALL BE RETAINED AS LIQUIDATED DAMAGES IN THE EVENT I DO NOT CHOOSE TO ENTER INTO THE AGREEMENT APPLIED FOR HEREIN. PURSUANT TO STATE AND FEDERAL FAIR CREDIT REPORTING ACTS, THIS IS TO INFORM YOU THAT AN INVESTIGATINO INVOLVING THE STATEMENTS MADE ON YOUR RANTAL

APPLICATION FOR THE ABOVE MENTIONED APARTMENT COMMUNITY, AS WELL AS INQUIRIES REGARDING YOUR CHARACTER, GENERAL REPUTATION, MODE OF LIVING AND PERSONAL CHARACTERISTICS MAY BE INITIATED SHOULD YOUR APPLICATION BE DENIED YOU HAVE THE RIGHT TO DISPUTE THE INFORMATION REPORTED. UPON WRITTEN REQUEST, YOU ARE ENTITLED TO A COMPLETE AND ACCURATE DISCLOSURE OF THE INVESTIGATION'S NATURE AND SCOPE AS WELL AS A WRITTEN SUMMARY OF YOUR RIGHTS AND REMEDIES UNDER THE FAIR CREDIT REPORTING ACT. INQUIRIES SHOULD BE DIRECTED TO THE U.D. REGISTRY P.O. BOX 9140, VAN NUYS, CA 91409.

I/WE CERTIFY THAT, TO THE BEST OF MY / OUR KNOWLEDGE, ALL STATEMENTS ARE TRUE AND COMPLETE. I / WE AUTHORIZE THE U.D. REGISTRY TO OBTAIN ALL REPORTS AND VERIFICATIONS NECESSARY TO VERIFY ALL INFORMATION PUT FORTH IN THE ABOVE APPLICATION AND TO FURNISH ALL INFORMATION TO THE LANDLORD NAMED ABOVE. FALSE, FRAUDULENT OR MIDDLEADING INFORMATINO MAY BE GROUNDS FOR NDENIAL OF TENENCY OR SUBSEQUENT EVICTION.  
NON REFUNDABLE APPLICATION FEE PAID ON THIS DATE \$ \_\_\_\_\_.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

AGENT FOR THE OWNER: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_