



Dear New Resident:

We are excited you have decided to join us at Scottsdale Park Suites.

We are currently waiving the application fee (normally \$29) and the gate remote deposit fee normally (\$29). That's \$58 in savings! We do however require a \$299 security deposit (\$200 refundable, \$99 non-refundable). The \$200 refundable deposit will be refunded upon a clean move out inspection at the end of your stay.

Rates and availability cannot be guaranteed until you complete the reservation process. We highly recommend booking in advance to get the best rate and preferred suite style.

Complete the following forms:

- Application (2 pages)
- Credit Card Authorization Form (1 page)

Please print and either scan to email the completed forms to manager@scottsdaleparksuites.com OR fax to (480) 994 – 3451.

Once the security deposit is placed you have 24 hours to cancel and your \$200 deposit will be refunded, but the \$99 nonrefundable fee will not be refunded under any circumstance. (Should you cancel after 24 hours you forfeit your entire security deposit).

All suites are non-smoking and for a maximum occupancy of two individuals.

Thank you,

Scottsdale Park Suites

**ARIZONA MULTIHOUSING ASSOCIATION
RENTAL APPLICATION**

(Fill In All Spaces)

1. Name _____ Married _____ Single _____
Date of Birth _____ Present Phone No. (_____) _____ Soc. Sec. No. _____

2. Information about other occupants. (Separate Application required for all adults except spouse.)

| | | | |
|------|--------------|-------------------|---------------------|
| Name | Relationship | Age (if under 18) | Social Security No. |
|------|--------------|-------------------|---------------------|

a. _____
b. _____
c. _____

3. Will a pet or assistive animal of any type live in your apartment? Yes No If yes, please describe:

Type _____ Weight (Full Grown) _____ Spayed/Neutered _____ Licensed/Date _____
Breed (If mixed, provide all significant blood lines.) _____

4. Residence Information:

Current Residence: Address _____ Apt No. _____ City/State _____ Zip Code _____

How Long ____ Years ____ Mos. Name of Landlord _____ Landlord Phone (____) _____

If less than two years at your present address, list previous addresses below:

Former Residence: Address _____ Apt No. _____ City/State _____ Zip Code _____

How Long ____ Years ____ Mos. Name of Landlord _____ Landlord Phone (____) _____

If less than two years at your present address, list previous addresses below:

Former Residence: Address _____ Apt No. _____ City/State _____ Zip Code _____

How Long ____ Years ____ Mos. Name of Landlord _____ Landlord Phone (____) _____

5. Employed by _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

Other Source(s) of Income for Rental Payment _____

If less than two years at your present employer, list previous employers below:

Former Employer _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

Former Employer _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

6. Spouse or Other Occupant's Name. (List maiden name if married less than two years.) _____

Date of Birth _____ Soc. Sec. No. _____

Employed by _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

Former Employer _____ Address _____

Phone (____) _____ Position _____ How Long ____ Years ____ Mos.

Supervisor's Name _____ Phone Number (____) _____ Your Monthly Income _____

7. Your Bank(s): Name Acct. No. Savings/Checking Branch Address

8. Credit References (Bank Cards, Credit Cards, Charge Accounts)

| | | | |
|------|--------------------|------------------|-----------------|
| Type | Bank/Store/Company | Card/Account No. | Expiration Date |
|------|--------------------|------------------|-----------------|

Bank Card _____

Other _____

Other _____

For Office
Use Only

9. Your Driver's License No. _____ State _____ Expiration Date _____
Spouse's Driver's License No. _____ State _____ Expiration Date _____

Vehicles You Would Like to Park on Property:

| Make/Model | Year | Color | License Plate No. | State |
|------------------|------|-------|-------------------|-------|
| Auto _____ | | | | |
| Auto _____ | | | | |
| Motorcycle _____ | | | | |

Description of any other vehicle (boat, trailer, truck, recreational vehicle etc.) you would like to keep on property. Prior written permission separate from this Application must be obtained from management.

Other Vehicle: Make/Model _____ Year _____ Color _____ License Plate No. _____ State _____

10. Have you or your spouse/roommate ever been evicted? Yes No Declared Bankruptcy? Yes No
Do you use illegal drugs? Yes No Do you engage in the distribution or sale of illegal drugs? Yes No
Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? Yes No
If yes, please explain the reason: _____

11. Do you have any outstanding warrants for arrest? Yes No
12. Do you have a waterbed? Yes No Do you have waterbed insurance? Yes No

13. Person(s) to notify and person you authorize to take possession of your personal property in case of an emergency:

| For Applicant | | For Co-Applicant | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Name _____ | Address _____ | Name _____ | Address _____ |
| City/State _____ Zip _____ | City/State _____ Zip _____ | City/State _____ Zip _____ | City/State _____ Zip _____ |
| Work Phone _____ Home Phone _____ | Work Phone _____ Home Phone _____ | Work Phone _____ Home Phone _____ | Work Phone _____ Home Phone _____ |

Note: Management is not responsible for damage to residents' property unless caused by negligence on the part of management or an employee of management. Residents are strongly advised to obtain renters insurance to cover loss or damage to their property!

DEPOSIT TO HOLD AGREEMENT

In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$ _____ and a \$ _____ non-refundable fee for administrative processing. The holding deposit is refundable if my Application is not approved (14 day delay required for bank clearance of check). If my Application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit (14 day delay required for bank clearance of check) by notifying you of my decision to cancel by 5 p.m. on _____ 20____. Cancellation after this time will result in forfeiture of my holding deposit. **I must pay rent on or before my "rent start date" or my holding deposit will be forfeited and the apartment rented.** (I understand that Management and Management's employees are agents of and represent the owner.)

RENTAL AGREEMENT INFORMATION

| | | |
|---|--|------------------------------|
| Apt. # _____ Type _____ Furn _____ Unfurn _____ Partial _____ | Agreement Length _____ | Rent Start/Ending Date _____ |
| MONTHLY RENTAL CHARGES | Utilities Paid By: Res _____ Owner _____ | |
| Rent _____ | Non-Refundable Preparation Charge _____ | |
| Pet Rent _____ | Non-Refundable Pet Sanitizing Charge _____ | |
| Other _____ | Pet Deposit _____ | |
| Total Monthly Rent _____ | Security Deposit _____ | |
| Rental Concessions at Move-In _____ | | |
| First Month Rent _____ | | |
| Sales Tax _____ | | |
| City Sales Tax _____ | Less Holding Deposit _____ | |
| (Subject to change during lease term) _____ | | |
| TOTAL MONTHLY CHARGES _____ | TOTAL DUE AT MOVE-IN _____ | |

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this Application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move in. Management reserves the right to verify Application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit To Hold Agreement." This Application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

Applicant's Signature _____ Date _____ Management's Receipt _____ Date _____



Scottsdale Park Suites
Credit Card Authorization Form



Date: _____

Cardholders Name: _____

Credit Card Number: _____

Expiration Date: _____ 3 Digit Code: _____

Cardholders Billing Address: _____

Phone Number: _____ Fax Number: _____

I hereby authorize all charges incurred by _____ (guest name), and all other parties affiliated with the suite, arising out of the rental agreement including security deposit, rental payments, all incidentals and any damages. I understand that all payments made to Scottsdale Park Suites are non refundable.

Cardholders Printed Name: _____

Cardholders Signature: _____

- Please be sure to include a legible copy of the front and back of the credit card and credit cardholder's state issued ID.

Note: Security deposit payments are nonrefundable. Prepayment rental discounts are non-refundable.