



**RENTAL APPLICATION**  
**MOUNTAIN PARK TOWNHOMES**  
3060 E. Show Low Lake Road, Show Low, Arizona 85901  
Telephone: (928) 532-6300 • Fax: (928) 532-7182

The undersigned hereby makes application to rent Apartment # \_\_\_\_\_ at **Mountain Park Townhomes** for a lease term of \_\_\_\_\_ months, commencing on \_\_\_\_\_, 20\_\_\_\_, at a monthly rental rate of \$ \_\_\_\_\_.

**NOTE:** Each co-applicant must complete a separate Rental Application form. PLEASE PRINT.

**PART I: HOUSEHOLD COMPOSITION**

# of Applicants	Last Name	First Name, MI	Category	Full-Time Student YES or NO	Part-Time Student YES or NO	Single Married Divorced Separated Engaged	Birth Date	Social Security Number
1			HOH	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
2				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
3				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
4				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
5				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
6				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

☐ OWN ☐ RENT ☐ HOMELESS  
☐ LIVING WITH FAMILY

**PART III: RENTAL HISTORY**

\_\_\_\_\_  
Current Street Address      Current City, State, Zip (required)      How Long?      Reason for Leaving

\_\_\_\_\_  
Monthly Payment, Including Utilities      Name of Landlord      Landlord Telephone or Fax

Do you Have a Pet?      ☐ YES ☐ NO      \_\_\_\_\_  
Please Describe

**IF RESIDENCY AT THE ABOVE LOCATION HAS BEEN LESS THAN 2 YEARS, PLEASE COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Previous Street Address      Previous City, State, Zip (required)      ☐ OWNED ☐ RENTED      Reason for Leaving

\_\_\_\_\_  
Monthly Payment, Including Utilities      Name of Landlord      Landlord Telephone or Fax

**PART III: CREDIT REFERENCES**

\_\_\_\_\_  
Bank Name      ☐ Checking      Checking Account Number      ☐ Savings      Savings Account Number      ☐ Prepaid Debit      Prepaid Debit Account Number

\_\_\_\_\_  
Driver's License Number      State Issued      Expires      Vehicle Make & Model      Year      Plate Number

**HAVE YOU EVER:**

Filed for Bankruptcy?      ☐ YES ☐ NO      \_\_\_\_\_  
If Yes, please explain

Been Evicted from Tenancy?      ☐ YES ☐ NO      \_\_\_\_\_  
If Yes, please explain

**APPROXIMATE MONTHLY AMOUNT(S) OF RECURRING EXPENSE(S):**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Car Payment(s)      Credit Card(s)      Loan(s)      Car Insurance      Other

\_\_\_\_\_  
Emergency Contact Name & Phone Numbers      Relationship to Emergency Contact



## PART IV: CRIMINAL BACKGROUND

Have you ever been Arrested for, or Convicted of, a Felony or Misdemeanor?

☐ YES ☐ NO

If Yes, please explain

Kay-Kay Realty Corp. has a policy to review individual criminal history on a case-by-case basis without predetermined approval or rejection criteria as to the history itself. However, failure to accurately disclose is a basis for rejection. Please provide an accurate disclosure of any history of criminal background, including felony and misdemeanor arrests and convictions.

---

---

---

---

---

---

---

---

## PART V: RECURRING INCOME

CHECK ALL THAT APPLY: ☐ Employed Full-Time ☐ Employed Part-Time ☐ Self-Employed ☐ Non-Employed ☐ Unemployed ☐ Retired

_____	_____	_____	_____
Current Employer	Position	How Long?	Supervisor's Name
_____	_____	_____	_____
Telephone Number	Fax Number	Address	

### CURRENT WAGES (must include anticipated overtime and bonuses):

Hourly Wage Rate: \$ \_\_\_\_\_ Avg. Hours Worked Per Week: \_\_\_\_\_ Estimated Monthly Gross Earnings: \$ \_\_\_\_\_

Do you regularly get tips, commissions, bonuses or other compensation? ☐ YES ☐ NO If Yes, \$ \_\_\_\_\_ per \_\_\_\_\_

Do you have more than one job? ☐ YES ☐ NO (If Yes, you will need to provide details on a separate form)

**OTHER INCOME:** Management requires that all income be disclosed in order to determine qualification. Please provide recurring monthly amount, if applicable.

		Monthly Income
Alimony/Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
AFDC/TANF	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Food Stamps	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Social Security/Disability	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Retirement/Pensions/Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Unemployment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Worker's Compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Recurring Gifts from Family	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Grants & Scholarships	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
"Gig" Income (Uber, Lyft, Door Dash, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Other Recurring Monies	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____



### ***PART VI: HOUSING ASSISTANCE***

**Do you receive government rental assistance (such as Section 8 assistance or other rent subsidy programs)?** ☐ YES ☐ NO  
(If Yes, please complete the rest of this section)

_____	_____	_____	_____
<i>Name of Program</i>	<i>Name of Caseworker</i>	<i>Telephone of Caseworker</i>	<i>Voucher Amount</i>
_____	_____	_____	
<i>Last Recertification Date</i>	<i>Approved Residence Size</i>	<i>Number of HH Members</i>	

### ***PART VII: PEST DISCLOSURE***

**Have you been exposed to bedbugs or cockroaches in your current or prior residences?** ☐ YES ☐ NO

**IF YES:** Date Treated \_\_\_\_\_

Has the treatment been effective? ☐ YES ☐ NO

Do you currently have them? ☐ YES ☐ NO

What steps will you take to avoid bringing them with you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### ***PART VIII: FAIR HOUSING DISCLOSURE***

*Kay-Kay Realty Corp. endeavors to remain in compliance with all laws pertaining to Fair Housing and the Americans with Disabilities Act. Requests for accommodation to our Policies and Procedures or modification to our property should be made in writing, if possible, to avoid miscommunication.*

*Below, please check any that apply:*

- ☐ I require an accessible apartment.
- ☐ I have a service animal.
- ☐ I need to discuss accommodations or modifications.

## PART XI: CERTIFICATION

I hereby apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to Kay-Kay Realty Corp., agent for the owner of the community, to accept this Rental Application, I certify that all information contained herein is true, complete and accurate. Material falsification of information provided may result in the denial of this application or in the termination of the Lease Agreement.

I understand that changes in household size are not permitted without management authorization. I hereby certify that I do not anticipate any changes in household composition during the initial term of the lease.

I hereby deposit \$\_\_\_\_\_ as an earnest deposit to be refunded to me in full within ten (10) business days if this application is not approved and accepted. I hereby waive any claim to damages by reason of non-acceptance.

Upon acceptance of this application, this deposit shall be applied to the move-in costs. When so approved and accepted, I agree to execute a Lease Agreement before possession is delivered, and to pay the balance of the security and other move-in costs. ONCE APPROVED, IF I FAIL TO TAKE POSSESSION OF THE RESIDENCE BY THE DATE AGREED UPON, THE DEPOSIT WILL BE FORFEITED.

Landlord reserves the right to require additional refundable security deposits or to decline the application based upon its qualification standards for the community. If additional refundable deposits are required, I understand that I will have 24 hours to accept the unit and post the additional deposit, or it may be leased to another party. I also understand I may appeal a decision to deny this application or deposit requirements by emailing the Leasing Committee at [LC@kay-kay.biz](mailto:LC@kay-kay.biz) or writing via US Mail to Kay-Kay Realty Corp., Attention: Leasing Committee, 6908 E. Thomas Road, Suite 300, Scottsdale, Arizona 85351.

By execution of this Rental Application, I hereby authorize Kay-Kay Realty Corp., or its agent, to make such investigations into my credit, employment, rental, and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you. I acknowledge credit and/or criminal background information will be obtained from Screening Reports, Inc. and understand that Screening Reports, Inc. will not participate in the decision to approve or reject this application.

I understand that this community limits the number of occupants to two persons per bedroom.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Cellphone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Email Address

