



**RENTAL APPLICATION**  
**VERANO TERRACE SENIOR APARTMENTS**  
**1320 W. Indian School Road, Phoenix, Arizona 85013**  
**Telephone: (602) 848-9771 • Fax: (602) 848-9772**

The undersigned hereby makes application to rent Residence # \_\_\_\_\_ at **Verano Terrace Senior Apartments** 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<br>YES or NO                        | Part-Time Student<br>YES or NO                        | Single<br>Married<br>Divorced<br>SeParated<br>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 |   |            |                        |

Do all minors, listed above, live in the household at least 50% of the time? ☐Y ☐N

**PART II: STUDENT STATUS**

- Are all household members full-time students, or planning to become full-time students within the next 12 months? ☐ YES ☐ NO  
If YES to the above, please answer the following:
- Is the household comprised of a single parent with school-age child(ren), none of whom are dependent on a third party, other than the other parent? ☐ YES ☐ NO
- Are the HOH and co-applicant married, and do they file a joint income tax return? ☐ YES ☐ NO
- Does the household receive AFDC or TANF, or other benefits under Title IV? ☐ YES ☐ NO
- Does the household receive Food Stamps? ☐ YES ☐ NO
- Are any of the students participants in the Job Training Partnership Act, or other similar Workforce Investment Acts? ☐ YES ☐ NO
- Do any of the students receive scholarships, PELL grants, or other cash grants or assistance? ☐ YES ☐ NO
- Was the household previously under the care and placement responsibility of the local county children services agency (i.e., foster care)? ☐ YES ☐ NO

- ☐ 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

\_\_\_\_\_  
If Yes, 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

|                                   |  |   |   |             |                     |
|-----------------------------------|--|---|---|-------------|---------------------|
| <b>PART IV: CREDIT REFERENCES</b> |  |   |   |             |                     |
|                                   | <input type="checkbox"/> <i>Checking</i> | <input type="checkbox"/> <i>Savings</i> | <input type="checkbox"/> <i>Prepaid Debit</i> |             |                     |
| <i>Bank Name</i>                  |  |   |   |             |                     |
|                                   |  |   |   |             |                     |
| <i>Driver's License Number</i>    | <i>State Issued</i>                      | <i>Expires</i>                          | <i>Vehicle Make &amp; Model</i>               | <i>Year</i> | <i>Plate Number</i> |

**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):**

|                       |                       |                |                      |              |
|-----------------------|-----------------------|----------------|----------------------|--------------|
| \$ _____              | \$ _____              | \$ _____       | \$ _____             | \$ _____     |
| <i>Car Payment(s)</i> | <i>Credit Card(s)</i> | <i>Loan(s)</i> | <i>Car Insurance</i> | <i>Other</i> |

|   |  |
|---|--|
|   |  |
| <i>Emergency Contact Name &amp; Phone Numbers</i> | <i>Relationship to Emergency Contact</i> |

[illegible]

## PART VI: 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:** Program regulations require that all income be disclosed in order to determine qualification. **Please provide recurring monthly amounts received, 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 | \$ _____ |
| 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 VII: ASSETS

**ASSETS:** Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.

|   |  | Value    | Estimated Annual Earnings Per Asset |
|---|--|----------|-------------------------------------|
| Cash                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |
| Checking Account                        | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |
| Prepaid Debit Card Account              | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |
| Savings Account                         | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |
| Money Market, CDs and other             | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |
| Venmo, Cash App and PayPal              | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |
| Stocks/Bonds                            | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |
| Real Estate                             | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |
| Life Insurance Policies (Term excluded) | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |
| Other Assets                            | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | \$ _____                            |

**ASSET TOTALS:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

Has any member of the household disposed of an asset for less than fair market value within the last 24 months?

☐ YES ☐ NO

**IF Yes:** Explain: \_\_\_\_\_

### ***PART VIII: HOUSING ASSISTANCE***

Do you receive government rental assistance (such as Section 8 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<br/>Caseworker</i> | <i>Voucher Amount</i> |
| _____                            | _____                              | _____                              |                       |
| <i>Last Recertification Date</i> | <i>Approved<br/>Residence Size</i> | <i>Number of HH<br/>Members</i>    |                       |

### ***PART IX: 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 X: 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 residence.
- ☐ 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

☐ Applicant agrees and acknowledges that Verano Terrace is a NO SMOKING building. Smoking of any kind, including, but not limited, to electronic smoking devices, is not permitted in any common or individual living areas in any building. Smoking is also NOT permitted on any balcony or patio. An outdoor designated smoking area provided will be a minimum of 20 feet from the building.

☐ I certify that I have received a copy of HUD forms 5380 and 5382. \_\_\_\_\_ (Applicant must initial here in the presence of community manager upon receipt of these forms.)

\_\_\_\_\_  
Applicant's Cellphone Number

\_\_\_\_\_  
Applicant's Work Telephone Number

\_\_\_\_\_  
Applicant's Email Address