

Signature

A-1 River Properties PO Box 1965 Bullhead City, AZ 86430 (928) 716-HOME (4663)

RENTAL APPLICATION FAX TO 1-888-347-1183



Please complete all information below. All other applicants over the age of 18 must complete and sign their own application.

	First	Middle	L	ast
SS#	1	Drivers License #	State E	xpiration
DOB	Phone#	E-mail		
Current Address		City	State	Zip
Current Landlord's Name		Phone #		
How long at this add	dress	Reason for leaving		
Present Employer_	Name	Your Position	How Long?	Gross Income
Employer's Address	S	Sumannia	or's Name	Phone #
Other Income/source	es	Superviso		
	First	Middle	Last	
SS#	Σ	Orivers License #	State Exp	oiration
DOB	Phone#	Email _		
Current Address		City	State	Zip
Current Landlord's	Name		Phone #	
How long at this address		Reason for leaving		
Present Employer	Name	Your Position	How Long?	Gross Income
Employer's Address	3	Supervisor) N	Phone #
Other Income/sources		Supervisor	s Name	Thone #
Number and type of	f pets	Have either of yo	u ever been party to an ev	viction? [] Yes [] No
Total number of adu	ılts	Total number of children living	g with you under the age of	of 18
Emergency Contact	Nama	Address	Dhona #	Relationship
Personal Reference_	name		City	
			•	Phone #
you be receiving m	an at your no	me address? [] Yes [] No P.C	. DUX	
d to, a third party tena	nt screening pro	ments are true and correct and hereby ocess and the obtaining of a credit rep owner/manager to disclose tenancy in	ort. Applicant agrees to fur	nish additional credit refe
request. Applicant con	nsents to allow o	swher/manager to disclose tenancy in	formation to previous or suc	osequent owner/managers

Date