



Desert Eagle Estates

Rental Guidelines

6917 N 71st Ave

Glendale, AZ 85303

623-466-6801 Office

623-466-6802 FAX

- Income Requirements: 2.0 times the monthly rent.
- Income Limits Apply: * see below
- 12 months lease are required
- Criminal Background: Handled on case by case scenario and submitted to our attorney for review.
- Credit: Poor credit such as credit cards, medical bills, student loans, foreclosures, etc. Will be worked with but may require an additional security deposit.
- Rental History & Debts to Landlords less than 1 year old will require a security deposit equivalent to month's rent. (will not qualify for any move-in special(s)).
- Applicant(s) without Social Security #'s need to have 2 forms of I.D. (1 picture).
- Proof of income 6 most recent paystubs, Award letters from Social Security, Child Support, or from any source you receive money from.
- Other information may be required based on the answers on application.

* Income limits

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
60%	\$29,040	\$33,180	\$37,320	\$41,460	\$44,820	\$48,120	\$51,420	\$54,780

***Application per Adult \$18.00**

***Holding Fee \$50.00**

Property Name: Desert Eagle Estates
 Address: 6917 N 71st Avenue
 Phone: (623) 466-6801
 Fax: (623) 466-6802

Date _____
 Received _____
 Time _____
 Received _____ AM/PM

LOW INCOME HOUSING RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application.

The combination you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

PROPERTY INFORMATION (For Office Use Only)

Unit Address: _____
 Unit Number: _____
 # of bedrooms: _____

_____ Initial Certification
 _____ Recertification
 _____ Other _____
 Proposed Effective Date: _____

Applicant Name: _____ **Phone** _____

DEPOSIT TO HOLD AGREEMENT – Initial EACH line.

_____ In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$ _____ and a non-refundable application fee of \$ _____

_____ The holding deposit is refundable if my Application is not approved.

_____ 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 by notified you of my decision to cancel by 5pm 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 my apartment rented.

Apt. # _____ Type _____ Lease Length _____ Rent Start Date _____ Lease Ending Date _____

HOUSEHOLD COMPOSITION AND STATUS

List the Head of Household (applicant) and **all** other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. **Please answer all question. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered.** List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

Household Member's Full Name (first and last)	Relationship To Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child L=Live In Attendant	Date of Birth mm/dd/yy	Age	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "YES" Part time (PT) or Full time (FT)*
	Head						

*For each household member listed above – List this number as a full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.

1. If every household member listed above is indicated as a full-time (FT) student, please answer the following questions: Circle One
- a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) Yes No
 - b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? Yes No
 - c. Are any full-time students married and filling a joint tax return? Yes No
 - d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual? Yes No
2. If you are divorced or separated, please provide date effective: _____ Yes No
If divorced within last 3 years, please provide full copy of divorce decree
3. Do you expect any changes in the household in the next 12 months? Yes No
If yes, please describe change _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members, under age 18, claiming emancipation (yourself included) ? Yes No
If yes, please provide documentation to validate emancipation.

CURRENT EMPLOYMENT INFORMATION		
Company Name:		Title:
Address:		Date of Hire:
City/State/Zip:		Monthly Gross Wage: \$ _____
Phone:	Fax:	Supervisor:
ADDITIONAL EMPLOYER INFORMATION:		
Company Name:		Title:
Address:		Date of Hire:
City/State/Zip:		Monthly Gross Wage: \$ _____
Phone:	Fax:	Supervisor:
ADDITIONAL EMPLOYER INFORMATION:		
Company Name:		Title:
Address:		Date of Hire:
City/State/Zip:		Monthly Gross Wage: \$ _____
Phone:	Fax:	Supervisor:

OTHER INCOME INFORMATION*Identify each source of income currently received or anticipated to be received in the next 12 months.*Circle YES or NO
For each item listedMonthly Gross Income
(Enter N/A if none)

1. Self-Employment	Yes or No	\$
2. Not Employed	Yes or No	\$
3. Unemployment Compensation	Yes or No	\$
4. Disability/Worker's Compensation/Severance Pay	Yes or No	\$
5. Social Security/SSI Benefits	Yes or No	\$
6. VA Benefits	Yes or No	\$
7. Pension/Annuity	Yes or No	\$
8. Military Pay	Yes or No	\$
9. Public Assistance (AFDC/TANF/W-2)	Yes or No	\$
10. Do you have a Court Order or Agreement for Child Support Alimony/Family Maintenance?	Yes or No	\$
a. Do you receive Child Support/Alimony/Family Maintenance?	Yes or No	\$
11. Recurring Gift/Contribution	Yes or No	\$
12. Rental Income	Yes or No	\$
13. Lottery Winnings Paid Periodically	Yes or No	\$
14. Adoption Assistance	Yes or No	\$
15. Trust Income	Yes or No	\$
16. Other Income (i.e. inheritance, insurance policies)	Yes or No	\$
17. Zero Income (No income from any source)	Yes or No	\$

ASSET INFORMATION: *List all assets for this household member. Complete one for every household member.*

	Name of Financial Institution (s)	Circle YES or NO	Amount
1. Checking		Yes or No	\$
2. Savings		Yes or No	\$
3. Cash on Hand		Yes or No	\$
4. Stocks/Mutual Funds		Yes or No	\$
5. CD/Money Markets		Yes or No	\$
6. Treasury Bill		Yes or No	\$
7. Bonds		Yes or No	\$
8. IRA/KEOGH		Yes or No	\$
9. 401K		Yes or No	\$
10. Pension/Annuity		Yes or No	\$
11. Whole Life Insurance		Yes or No	\$
12. Universal Life Insurance		Yes or No	\$
13. Land Contract/Deed of Trust		Yes or No	\$
14. Real Estate		Yes or No	\$
15. Safety Deposit Box		Yes or No	\$
16. Personal Property Held as an Investment		Yes or No	\$
17. Trust		Yes or No	\$
18. Lottery Winnings (Lump Sum)		Yes or No	\$
19. Lump Sum Receipts		Yes or No	\$

RESIDENTIAL HISTORY: Please provide 3 years of housing history	
Current Address:	_____ Own _____ Rent _____ Other _____
City/State/Zip:	Date Moved in: _____
Landlord Name/Mortgage Company:	Rent/Mortgage: \$ _____
Phone:	Reason for leaving:
Previous Residential History:	
Current Address:	_____ Own _____ Rent _____ Other _____
City/State/Zip:	Date Moved in: _____
Landlord Name/Mortgage Company:	Rent/Mortgage: \$ _____
Phone:	Reason for leaving:
Previous Residential History:	
Current Address:	_____ Own _____ Rent _____ Other _____
City/State/Zip:	Date Moved in: _____
Landlord Name/Mortgage Company:	Rent/Mortgage: \$ _____
Phone:	Reason for leaving:

1. Have you ever been evicted from tenancy? Yes or No
If yes, please list date: _____

2. Have you ever filed for bankruptcy? Yes or No
If yes, please list date: _____

3. Have you ever been convicted of a felony? Yes or No
If yes, please list what for: _____

4. Will this be your only place of residence? Yes or No
If no, please explain: _____

5. Will you have 50% or more physical custody of all minor members in household? Yes or No
If no, please explain: _____

6. Will you be receiving rental assistance while living at this community? Yes or No
If yes, please list source of assistance: _____
 - a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes or No
If yes, please explain: _____

7. Do you own any pets that would be moving with you in to the community? Yes or No
If yes, please list types: _____

1. Do all combined assets of the entire household total less than \$5000 Yes or No
2. In the past two (2) years, have you sold or given away any assets listed Yes or No
 In the chart above, for more than \$1,000.00 less than Fair Market Value?

If yes, please complete the following:

Asset Disposed: _____

Date Disposed: _____

Amount Disposed: _____

Was the disposal of the asset due to:

Bankruptcy	Yes	No
Foreclosure	Yes	No
Marital Separation	Yes	No
Divorce	Yes	No

Asset Disposed: _____

Date Disposed: _____

Amount Disposed: _____

Was the disposal of the asset due to:

Bankruptcy	Yes	No
Foreclosure	Yes	No
Marital Separation	Yes	No
Divorce	Yes	No

1. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: _____

Date Gifted: _____

Amount Gifted: _____

OTHER INFORMATION		
Type of Vehicle (car, truck, etc):	License Plate #	
Make/Model:	Year:	Color:
Type of Vehicle (car, truck, etc):	License Plate #	
Make/Model:	Year:	Color:
EMERGENCY INFORMATION: <i>In case of emergency notify</i>		
Name:	Phone #1	
	Phone #2	
Address:	Relationship:	

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate my/our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any application, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

 Applicant's Signature

 Date