Burley & Associates, Inc.

Office-623-561-8246 * Shari-602-469-3131
Mailing Address: 16845 N. 29th Ave. * Ste. 247 * Phoenix AZ 85053

Address of desired Property:	ress of desired Property: Date:						
Desired Move In Date: To guarantee compliance with the	Federal Fair Housing Acts, information is	required for each a	applicant over the	e age of eighteen (excludir		
dependent children) who will reside							
	PLEASE PRI	<u>NT</u>					
Applicant's Full Name:		Social Security #:					
Date of Birth:	Driver's License #:	s License #: State:					
Home Phone #:	Work Phone #:	Cell #:					
Employer:		Phone #:					
Address:	City:	Zip:					
Hire Date:	Position:						
Gross monthly pay: \$	Hours per week:	Supervisor:					
Co-Applicant's Full Name:		Soc	cial Security #:				
Date of Birth:	Driver's License #:	State:	Zip:				
Home Phone #:	Work Phone #:		Cell #:				
Employer:		Pho	one #:				
Address:	City:	State:	Zi	p:			
Hire Date:	Position:						
Gross monthly pay: \$	Hours per week:	Supervisor:					
	ADDRESS HIST						
Current Address:		tv:	State:	Zip:			
Move-in date:	Move-out Date:	Rei	nt \$:				
Why Moving?							
Landlord:		Phone #:					
Previous Address:	City	THORE W.	Stata	7in.			
	City:		State:	Zip:			
Move-in date:	Move-out Date:	Rei	nt \$:				
Why Moved?							
Landlord:		Phone #:					
Gross monthly nav. \$	Hours per week	Supervisor					

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OTHER INCOME YOU WOULD LIKE US TO CONSIDER

(For example: Spousal support, child support, disability, social security, self employment etc...)

1. Source:				Gross amount per	month: \$
2. Source:				Gross amount per	month: \$
	LIST TWO (2) PERSO	ONAL REFERE	NCES TO CONT	ACT IN CASE OF EME	RGENCY
Name:				Relationships:	
Address:				Phone:	
Name:				Relationships:	
Address:				Phone:	
		LIST AL	L VEHICLES OV	VNED	
Year	Make (ie. Ford/Chevy)		Model	State / License #	
				WING QUESTIONS: ant & Co-Applicant.)	
1 Ama	, -	•		,	2
	prepared to take on the buprepared to make the mon				<u>'</u>
3. Will you	have the entire down payn	nent available pr			
	ou ever been evicted from a put filed bankruptcy in the la				
	u ever been foreclosed upor				
LI	ST ALL NAMES AND AG	ES OF THE IN	IDIVIDUALS TH	AT WILL RESIDE IN TH	IE PROPERTY
					_
			8.		
	IMPORTANT: When sub		plication was m	ust attach proof of incor	me for each applicant:
pay stubs	s showing current and youths bank statements. A	ear-to-date tot	als; SSI or disal	oility award letters; if se	elf-employed, deposits
					-
	agrees that all credit inforr				
	other persons who request understands that any fal-				
	authorizes present and pas				
other pers	on to release information re	garding applicar	nts credit, rental a	nd employment history.	
Please be s	sure the application is filled	out completely.	This will ensure a	timely and accurate respon	nse.
<u> </u>	a:			1: 4.6:	
Applicant	Signature OTE: APPLICATIONS WILL NOT	Date	Co-Ap PRST-COME FIRST	plicant Signature T-SERVED BASIS." THIS PRO	Date PERTY IS MANAGED BY A
PRINCIPAL	REPRESNTING HIS INTEREST	AND/OR OF THE	OWNER OF THE RE	CAL PROPERTY. THE CORPOR	ATION WILL ASSIST ALL
PERSONS V	VITHOUT REGARD TO RACE,	COLOR. CREED. S	SEX. RELIGION. NAT	IONAL ORIGIN. FAMIAL STAT	US. MARITAL STATUS.

FAX to 623-561-1575 or scan and e-mail to grace@johnburley.com

HANDICAP, OR ANCESTRY.