

Rogers Rental Companies

(520) 889-3593 ext. 7200
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www.commercialtucsononproperty.com

RENTAL APPLICATION *(Neatly complete all information below.)*

Applicant's Full Legal Name _____

Name of Business _____

Phone #(_____) _____ Cell#(_____) _____

DOB: _____ Social Security #: _____

Driver's License# _____ State _____ Exp. _____

Current Address: _____

City _____ State _____ Zip _____

Email Address _____

Have you ever been party to an eviction? Yes No
Have you ever been convicted of a felony crime? Yes No
Have you previously filed for bankruptcy? Yes No

Name of bank _____ Type of Account _____

Trade References-Name: _____ Phone# _____

Name: _____ Phone # _____

Personal References-Name _____ Years Known _____ Relationship _____

Name _____ Years Known _____ Relationship _____

Phone# _____

Name: _____ Years Known _____ Relationship _____

Phone # _____ **Emergency Contact:** _____ Phone #: _____

Expected move in Date? _____ Length of Lease (1 Year Min) _____

How did you hear about us? Website ___ Street Sign ___ Current Tenant (Name) _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature _____ Date _____

Unit Address: _____ Date: _____ EMP: _____