☐ Mobile Home ☐ Shared Room in Apartme ☐ Own Room in Apartment ☐ Whole Apartment - \$1000 ☐ Please check one above and of ☐ Upstairs ☐ Downstairs	ont - \$300 - \$500 0 T one below www	WARD'S PL 3470 W. 2nd Street P.O. Box 418 Thatcher, AZ 85552 Thowardsplacerental	ls.com	
Today's Date	Date of anticipated move in		Length of stay	
Applicant Full name of applicant Mailing Address	eet#			7: 0.1
~		City	State home	Zip Code
Email Address:	WOIK_		Gender:	(male/female)
D.O.B	mail Address: Social Security #			(111410) 10111410)
Present Landlord (If you have Present Landlord)	Date starte	d	Supervisor's name Monthly income at home) one number	
Monthly rent or mortgage payment Date of move-i			n Date of move-out	
Personal References Name_ Address_ Name_ Address_			Phone	
Emergency In case of emergency contact_				
Relationship Phone				
Vahialas				
List vehicle to be parked at pro	emises:			
List vehicle to be parked at pro	Make	Model	Color	License Plate #
Credit/Criminal History Have you ever been: convicte Been evicted?	ed of a felony?Broken a lease?	Pelony?Received deferred adjudication for a felony? Broken a lease? Declared bankruptcy?		
National Association of Indep above listed applicant and/or a	endent Landlords to verify applicant's. If applicant has deposit I must move in and	all of the information in a given any false inform I complete the contract	re true and complete. Applicant in this application and obtain creation Landlord is entitled to rejain order to receive a refund of negfund is non-refundable.	dit reports on the ect the applicant. I

For office use:

Trailer/Apt#:_____

Paid Deposit:

Signature of applicant_____

Feb. 28, 2024

Date____