



PO Box 13892  
Tempe, AZ 85284

(480) 233-9069

[swilbur@WilburManagementGroup.com](mailto:swilbur@WilburManagementGroup.com)

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We are very pleased that you are interested in our property for rent. In order to begin your rental application review, we will need the following items from you:

**REQUIRED:**

- ☐ **Rental Application** – Pages 1&2. Fill out one column for each adult. For more than 2 adults, simply attach an additional application with their information.
- ☐ **Paystubs** – last 2 paystubs from current employer
- ☐ **Bank Account Statements** – last 2 months (you can black out any account #s)
- ☐ **Driver's License** – or another government issued Photo ID
- ☐ **School Transcripts** (if any adult is a current student) – An unofficial web printout is ok
- ☐ **Photo of any Pets**
- ☐ **Credit Check Fee** (**\$25 CASH fee per adult**).

**SUGGESTED:**

- ☐ **Resume** – Not required, but helpful if available.

When assembled, mail the application, documentation, and fee to:

- ☐ **Wilbur Management Group, Inc.**  
**PO Box 13892**  
**Tempe, AZ 85284**

For faster processing, please also email the information to:

- ☐ [swilbur@WilburManagementGroup.com](mailto:swilbur@WilburManagementGroup.com)

Your application will be reviewed and we'll contact you with our decision as soon as possible. Please allow at least 3 business days to review once we receive your application. Please call or text us at (480) 233-9069 if you have any additional questions.

## RENTAL APPLICATION

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

### Personal

### APPLICANT

### CO-APPLICANT

Name		
Cell Phone #		
Work Phone #		
Email Address		

### Current Address

Address		
City/State/ZIP		
How long at Present Address?		
Landlord/Agent Name		
Landlord Phone		
Landlord Email or Fax #		
Rent Amount (Monthly Total)		
Rent Amount (Your portion)		
Lease Expires		

### Previous Address

Address		
City/State/ZIP		
How long at Previous Address?		
Landlord/Agent Name		
Landlord Phone		
Landlord Email or Fax #		
Rent Amount (Monthly Total)		
Rent Amount (Your portion)		

### General

Have you ever filed for Bankruptcy? If yes, attach Explanation Statement	NO <input type="checkbox"/> YES <input type="checkbox"/> Date: _____	NO <input type="checkbox"/> YES <input type="checkbox"/> Date: _____
Have you ever been Evicted? If yes, attach Explanation Statement	NO <input type="checkbox"/> YES <input type="checkbox"/> Date: _____	NO <input type="checkbox"/> YES <input type="checkbox"/> Date: _____
Have you ever been convicted of a Felony? If yes, attach Explanation Statement	NO <input type="checkbox"/> YES <input type="checkbox"/> Date: _____	NO <input type="checkbox"/> YES <input type="checkbox"/> Date: _____
Do you have any pets? If yes, state breed, name, and attach Photo	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you smoke?	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>

*I declare that the information on BOTH PAGES of this application is true and correct and I AUTHORIZE ITS VERIFICATION.  
I AUTHORIZE THE OBTAINING OF CONSUMER CREDIT REPORTS FOR APPLICATION AND COLLECTIONS PURPOSES.  
I agree that the Owner may terminate any agreement entered into in reliance on any misstatement made above.*

APPLICANT Signature \_\_\_\_\_ CO-APPLICANT Signature \_\_\_\_\_

# RENTAL APPLICATION

WILBUR MANAGEMENT GROUP, INC.

**Personal**

**APPLICANT**

**CO-APPLICANT**

Name		
Social Security #		
Driver's License #		

**Present Work**

Occupation		
Position Title		
Employer		
Business Address		
City/State/ZIP		
Business Phone		
How long employed		
Monthly Salary/Income		
Name of Supervisor		
Supervisor Phone		

**Previous Work**

Occupation		
Position Title		
Employer		
Business Address		
City/State/ZIP		
Business Phone		
How long employed		
Monthly Salary/Income		
Name of Supervisor		
Supervisor Phone		

**Personal Reference (a non-relative who has known you for many years)**

Name		
Address		
City/State/ZIP		
Phone		
Your relationship to them		
Length of acquaintance		

**Vehicle**

Year		
Make		
Model		
Color		
License Plate #		