



Welcome to Sabrina's Place!

Situated in a well-kept residential area, Sabrina's Place offers all the perks of living in the city without the hassles of city living. Sabrina's Place is just minutes away from a wide selection of fine dining, spectacular shopping, and entertainment attractions. Every important convenience is located just steps outside your door.

- Gated Community
- Minutes to Davids Monthan Air Force Base
- Free Reserved Covered Parking
- Pet Friendly Community (breed restrictions apply)
- Enclosed Backyards
- Refreshing Pool & Spa
- Basketball Court
- Fully Furnished Executed Suites Available
- Washer and Dryer Connections
- Available 7 Days a Week for The Best Service
- Centrally Located
- Near by Restaurants/ Shopping Centers and malls

Office Hours:

Monday-Friday 8:30AM-5:30PM

Saturday 10:00AM-5:00PM

Sunday 10:00AM-2:00PM



Sabrina's Place Apartments

Following is a list of the items needed to get started on approving you for the apartment:

- 1) Application Paperwork
Applications is one page. (Credit Application) fill-in all areas and sign. Please make sure all addresses are complete including zip code on your credit application(s). Incomplete applications cannot be processed and/or approved without all the information on the application being filled-in.
- 2) Application Fee
A money order in the amount of \$35.00 per adult applicant is (all occupants 18 years of age and older must apply) due to process consumer credit and criminal background inquiries.
- 3) Photo ID
Each application must be accompanied by a photocopy of a government issued photo ID (ie. driver's license, ID card or passport).
- 4) Income Verification
Each application must include photocopies of the applicant's two (2) most-recent paycheck stubs. In the event the applicant will be starting a new job, please provide a photocopy of a letter of hire (on business letterhead) for income verification. Direct deposit from employer showing regular deposits or previous tax year's W-2 forms may be substituted for paycheck stubs as long as they reflect income at the applicant's current place of employment.

www.sabrinaspacesapartments.com
1502 S. Columbus Blvd.
Tucson, AZ 85711
Phone: (520) 747-7524 Fax: (520) 790-8274

Sabrina's Place Apartments

1. Employment must be verifiable, must be employed consecutively a minimum of 6 months. Rent is not to exceed (2 ½ times) of the applicant's gross monthly income. Acceptable forms of income verification include: two most recent paycheck stubs or current W-2. A letter of hire is acceptable in the event the applicant has accepted a new position but has yet to receive a paycheck. Letter must be on company letterhead, state employee's name, position, date of hire and rate of pay. All employment may be personally verified by phone and/or fax in addition to collecting income verification.
2. Must have verifiable Photo ID; such as copy of driver's license, passport, military photo identification or government issued photo identification is required.
3. Positive prior rental history, landlord references and/or home ownership. This includes but is not limited to verifiable lease agreement/mortgage with history of timely payments, compliance with community policies and no evidence of breaches of lease.
4. Applicant must have no prior evictions for material non-compliance. Evictions due to non-payment must be monetarily satisfied to be considered for lease and must be able to provide proof of Debt satisfaction. Nothing under 5 years will be accepted.
5. Applicants may not have an open bankruptcy and bankruptcy must be discharged a minimum of 2 years.
6. Positive credit check and credit bureau references, on approve credit of 625 or higher.
7. Crimes against persons, property, drug or prostitution related are not acceptable. A criminal background check is conducted on all applicants.
8. Head of household must be 18 years or older. Everyone over the age of 18 must complete an application, sign the lease and meet all rental guidelines.
9. Management will not discriminate on the basis of race, color, national origin, religion, gender, handicap, age, marital status, familial status, or any other characteristics protected by all applicable state and federal discrimination laws.
10. The following occupancy standards apply:
 - a. *No more than five (5) people can occupy any two-bedroom apartment home.*
 - b. *No more than seven (7) people can occupy any three-bedroom apartment home.*

Applicants qualify for approval based solely on the above guidelines. In the event of lack of rental history, short-term employment or lack/mediocre credit, a guarantor may be an option, provided they qualify under all criteria set forth for applicants.

SABRINAS PLACE CRIME-FREE DRUG-FREE HOUSING

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, owner and resident agree as follows:

1. Resident, any member of the resident's household, or guest or other person under the resident's control shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use a controlled substance (as defined in Section 102 or the Controlled Substance Act [21 U.S.C. 802]).
2. Resident, any member of the resident's household, or a guest or other person under the resident's control **shall not engage in any act intended to facilitate criminal activity**, including drug-related criminal activity, on or near the said premises.
3. Resident or members of the resident's household **will not permit the dwelling unit to be used for, or to facilitate, criminal activity**, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
4. Resident or members of the resident's household or guest, or another person under the resident's control shall not engage in the manufacture, sale, or distribution of illegal drugs at any location, whether **on or near the dwelling unit**, premises or otherwise.
5. Resident, any member of the resident's household, or a guest or another person under the resident's control **shall not engage in any illegal activity, including prostitution**, as defined in A.R.S. 13-3211, criminal **street gang activity** as defined on A.R.S. 13-105 and 13-2308, **threatening or intimidating** as prohibited in A.R.S. 13-1202 **assault** as prohibited in A.R.S. 13-1203, including but not limited to **the unlawful discharge of firearms**, on or near the dwelling unit premises, **or any breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other resident or involving imminent serious property damage**, as defined in A.R.S. 33-1368.
6. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY.** A **single** violation of any of the provisions of this addendum shall be deemed a serious violation, and a material and irreparable noncompliance. It is understood that a **single** violation shall be good cause for **immediate termination of the lease** under A.R.S. 33-1337, as provided in A.R.S. 33-1368. Unless otherwise provided by law, proof of violation **shall not require criminal conviction** but shall be by a preponderance of the evidence.
7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.
8. This **LEASE ADDENDUM** is incorporated into the lease executed or renewed this day between owner and resident.
9. Tenant hereby authorizes landlord to utilize police generated reports or incident cards as direct evidence in all eviction hearings and trials for violation of this addendum.

RESIDENT SIGNATURE: _____ DATE: _____

RESIDENT PRINTED NAME: _____ APARTMENT: _____

MANAGER/OWNER: _____ DATE: _____

PROPERTY NAME: Sabrinás's Place Apartments

PROPERTY ADDRESS: 1502 S. Columbus Blvd, Tucson, AZ 85711

SABRINAS PLACE RENTAL APPLICATION

Apt # Leased _____

			Date		
First and Middle Name of Applicant		Last Name		SS#	
Present Address		<input type="checkbox"/> Rent <input type="checkbox"/> Own		Home Phone	
Cell Phone		Email Address		Driver's License No	
City		State		Zip	
Present Landlord/Apartment Name		City		State	
Former Address (please verify up to 3 years)		City		State	
Former Landlord/Apartment Name		City		State	
Current Occupation		Gross Salary		Length of Employment	
Current Employer		Complete Address		Phone Number	
Immediate Supervisor's Name and Title				Phone Number	
Past Employer (if less than 6 months at current position)		Length of Employment		Gross Salary	
Additional Income (describe source)					
In Case of Emergency Notify		Relation to Applicant		Complete Address	
Personal Reference (Name)		Complete Address		Home Phone Number	
Occupation		Relation to Applicant		Work Phone Number	
Personal Reference (Name)		Complete Address		Home Phone Number	
Occupation		Relation to Applicant		Work Phone Number	

1.	Has any civil judgement been entered against you for the collection of a debt in the past 7 years?	Yes	No	4.	Do you have, or intend to have, any pets in the rental unit?	Yes	No
2.	Have you filed for bankruptcy in the past 7 years?	Yes	No	5.	Have you ever been convicted of any illegal activity?	Yes	No
3.	Do you currently have an open bankruptcy?	Yes	No	6.	Have you, or do you intend to possess, sell, or use illicit drugs or narcotics in or about your residence?	Yes	No

Please explain any answers of "YES" on the back of this application.

LIST ALL OTHER OCCUPANTS WHO WILL RESIDE IN APARTMENT: (All occupants 18 and over must file separate applications)

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOC.SEC #</u>	<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOC.SEC #</u>
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

ALL RENTS ARE DUE AND PAYABLE ON THE FIRST DAY OF EACH MONTH IN ADVANCE.

Pursuant to Fair Housing Laws, the management shall neither refuse to rent or lease an apartment to any person because of race, color, creed, religion, national origin, ancestry, handicaps or familial status of the applicant nor discriminate in the terms offered or the services rendered.

Management is not responsible for loss by fire, theft, smoke or water.

The undersigned warrants and represents that all statements herein are true and permits verification. Should it be determined prior to or at any time during a subsequent tenancy that information given was false, landlord reserves the right to terminate said tenancy immediately. The undersigned agrees to provide documentation necessary to substantiate present or prior earnings which are to

be considered as a basis for payment of rent. The undersigned further agrees to execute upon presentation a lease in the usual form and on terms and conditions therein stated, which lease may be terminated by the Lessor if any statement herein made is not true. This application and deposit are taken subject to previous applications.

I hereby give permission to obtain information on my credit, rental history, criminal history, income verification, and other references, now or in the future for the purpose of this application or for enforcing the provisions of any future lease with Columbus Village, which include, but are not limited to, the collection of rent and any other balances due.

Rental Agent _____

Prospective Tenant _____



Sabrina's Place Apartments

REQUEST FOR RESIDENCY VERIFICATION

IF POSSIBLE, PLEASE FAX THE FILLED OUT FORM TO: (520)790-8274

Name of Resident: _____

Previous or Present Address: _____

Date(s) of Occupancy: _____

1. Date of Move In: _____

2. Date of Move Out: _____

3. Monthly rent amount: \$ _____

4. Which, if any, utilities are included with rent: _____

5. Tenant generally paid: On Time Late Often Late _____ How many Times

6. Housekeeping was generally: Good Average Poor

7. Would you rent to this person again? Yes No

8. Name of person filling out this form: _____ Title: _____

9. Telephone number: _____

10. Any Non-Compliance _____

11. Did Resident give a notice to vacate: _____

Note

I give my permission for my LANDLORD to release the residency information that has been requested.

Signature: _____

Date: _____



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REQUEST FOR EMPLOYMENT VERIFICATION

IF POSSIBLE, PLEASE FAX THE FILLED OUT FORM TO US TO SPEED THE APPLICATION PROCESS.
THANK YOU!

The person(s) named below has applied for an apartment at Sabrina's Place Apartment complex in Tucson, AZ. To complete the application process we must review the applicant's previous employment information.

Name of Employee: _____

Social Security Number: _____

Position Held: _____

Do you employ this applicant: Yes ___ No ___

Beginning date of employment: _____

Probability of employment: _____

Current hourly base pay: \$ _____ Hours per month: _____

Total pay earnings during last 12 months: \$ _____

Total anticipated earnings for the next 12 months: \$ _____

Name of the company: _____

Person verifying: _____ Title: _____

Telephone Number: _____

Comments: _____

I give permission to my employer to release employment information that has been requested.

Residents Signature _____

Date _____