

RENTAL APPLICATION

The undersigned applicant hereby makes application to rent unit number _____ located at _____, _____, CA _____ beginning on _____ at a monthly rental rate of \$_____ and to execute a Lease for _____ months. The cost of the application processing is \$25.00 per adult. The cost of the application processing is not rent or deposit and is non-refundable. The Security Deposit due will be \$_____. Additional deposits due for _____ will be \$_____.

APPLICANT'S INFORMATION:

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH	DRIVER'S LICENSE OR ID#/STATE
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LIST ALL OTHER OCCUPANTS:

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH	DRIVER'S LICENSE OR ID#/STATE
LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH	DRIVER'S LICENSE OR ID#/STATE
LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH	DRIVER'S LICENSE OR ID#/STATE

LIST PET/S:

ADDITIONAL DEPOSIT REQUIRED \$ _____

NAME	TYPE	BREED	WEIGHT	AGE	SPAYED OR NEUTERED?	DECLAWED?	HOUSEBROKEN?	LICENSE #
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RESIDENCE HISTORY

CURRENT PHONE: _____

PRESENT ADDRESS	CITY	STATE	ZIP CODE	NAME OF PROPERTY	HOW LONG?	RENTAL RATE?
PRESENT MANAGER'S NAME	TELEPHONE NUMBER			MOVE OUT DATE	REASON FOR MOVING	
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	NAME OF PROPERTY	HOW LONG?	RENTAL RATE?
PREVIOUS MANAGER'S NAME	TELEPHONE NUMBER			MOVE OUT DATE	REASON FOR MOVING	

EMPLOYMENT HISTORY

APPLICANT	CURRENT STATUS—(circle one)	FULL TIME	PART TIME	STUDENT	RETIRED	UNEMPLOYED
APPLICANT EMPLOYED BY	SUPERVISOR'S NAME		TELEPHONE NUMBER	HOW LONG?	SALARY	PER
ADDRESS	CITY	STATE	ZIP CODE	POSITION	APPLICANT'S WORK PHONE NUMBER	
PREVIOUS EMPLOYER	SUPERVISOR'S NAME		TELEPHONE NUMBER	HOW LONG?	SALARY	PER
ADDRESS	CITY	STATE	ZIP CODE	POSITION	REASON FOR LEAVING	

ADDITIONAL INCOME (OPTIONAL)

ADDITIONAL INCOME SUCH AS CHILD SUPPORT, ALIMONY, OR SEPARATE MAINTENANCE NEED NOT BE DISCLOSED UNLESS THIS ADDITIONAL INCOME IS TO BE INCLUDED FOR QUALIFICATION.

SOURCE	TELEPHONE NUMBER	AMOUNT	HOW OFTEN?	HOW LONG?
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BANK REFERENCES

APPLICANT'S BANK OR FINANCIAL INSTITUTION	TELEPHONE NUMBER	CHECKING ACCOUNT #	SAVINGS ACCOUNT #
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VEHICLE INFORMATION							
VEHICLE #1		OWNER (S): _____					
YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #/STATE	INSURED BY	POLICY #	MONTHLY PAYMENT
FINANCED/LEASED THROUGH		PHONE NUMBER	MONTHLY PAYMENT		LOAN BALANCE	CAR ALARM (YES/NO)	

VEHICLE #2		OWNER (S): _____					
YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #/STATE	INSURED BY	POLICY #	MONTHLY PAYMENT
FINANCED/LEASED THROUGH		PHONE NUMBER	MONTHLY PAYMENT		LOAN BALANCE	CAR ALARM (YES/NO)	

LOANS AND CHARGE ACCOUNTS (INCLUDE BANKS, DEPT. STORES, CREDIT CARDS, SUPPORT ORDERS ETC.)					
OWED TO	TELEPHONE NUMBER	CONTACT	HIGH CREDIT	BALANCE OWED	MONTHLY PAYMENT
OWED TO	TELEPHONE NUMBER	CONTACT	HIGH CREDIT	BALANCE OWED	MONTHLY PAYMENT

HAVE YOU OR OTHER PROSPECTIVE RESIDENTS EVER:			If Yes, Please explain:		
BEEN SUED FOR NON-PAYMENT OF RENT?	YES	NO	_____	_____	_____
BEEN EVICTED?	YES	NO	_____	_____	_____
ASKED TO MOVE OUT?	YES	NO	_____	_____	_____
BROKEN A LEASE OR RENTAL AGREEMENT?	YES	NO	_____	_____	_____
BEEN CHARGED FOR DAMAGE TO RENTAL PROPERTY?	YES	NO	_____	_____	_____
DECLARED BANKRUPTCY?	YES	NO	_____	_____	_____
BEEN ARRESTED OR CURRENTLY ON PROBATION?	YES	NO	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY:				
EMERGENCY CONTACT NAME (APPLICANT)	RELATIONSHIP	TELEPHONE NUMBER	ADDRESS, CITY, STATE	ZIP CODE

PLEASE GIVE ANY ADDITIONAL INFORMATION THAT MIGHT HELP MANAGEMENT EVALUATE THIS APPLICATION:

AUTHORIZATION:
 Applicant hereby represents that all the above statements are true, correct and complete. Applicant authorizes verification of the above information provided including, but not limited to obtaining an investigative consumer credit report. Inquiries may include information as to my character, general reputation, personal characteristics, and mode of living. Authorization to contact present and past landlords or managers, present or past employers, credit and personal references. I/we agree to submit additional information if requested to complete this application. If this application is not approved or accepted by owner or agent applicant will be notified within five business days, the security deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance. The fee for processing this application is \$ 25.00 per person over the age of 18; it is not considered rent or deposit and will not be refunded.

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT.

Applicant's Signature _____ Date _____ Owner/Agent 's Signature _____ Date Received _____

OPTION TO RENT:
 The undersigned wishes to rent the property listed above and is making the application on the reverse side in connection herewith. Landlord/Agent hereby grants the undersigned an option to rent said property in return for the payment of \$ _____ designated as a holding deposit which will be returned if the applicant is not accepted as a resident. It is understood that said amount is separate and distinct from any sum paid to the Landlord/Agent for any verification of the rental application. If the applicant is accepted as a resident and subsequently does not move in on the starting date for tenancy, the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the applicant as compensation for holding the apartment/property off the rental market.
 Applicant further acknowledges that once a rental agreement/lease is signed, the holding deposit converts to the security deposit, which will be outlined in the agreement/lease.

***Agreed upon move-in date: _____ Applicant Signature(Required) X _____