



APT. NAME: _____

SIZE: _____ NO: _____

MOVE IN DATE: _____

RESIDENT CO-SIGNER ROOMMATE ADD ON

I. CREDIT APPLICATION - FILL OUT LEGIBLY AND COMPLETELY

No. of Residents: _____

NAME OF APPLICANT: Last First Middle Initial Date of Birth: _____

Phone: () Email Address: _____

Present Address: City/State: Zip: _____

Move in date: Move out date: Reason for Leaving: _____

Owner/Agent/Complex: Mo. Payment: Phone: ()

Previous Address: City/State: Zip: _____

Move in date: Move out date: Reason for Leaving: _____

Owner/Agent/Complex: Mo. Payment: Phone: ()

SS# or I.T.I.N. #: D.L. #: License Plate No.: _____

Automobile Make: Color: Yr: State of Registration: _____

Present Employer: From/To: _____

Address: Phone: ()

Employed as: Monthly Salary: _____

Other Verifiable Income: Monthly Amount: Phone: ()

Notify in case of Emergency: Relationship: _____

Address: Phone: (home)() (work)()

City: State: Zip _____

NAME OF APPLICANT: Last First Middle Initial Date of Birth: _____

Phone: () Email Address: _____

Present Address: City/State: Zip: _____

Move in date: Move out date: Reason for Leaving: _____

Owner/Agent/Complex: Mo. Payment: Phone: ()

Previous Address: City/State: Zip: _____

Move in date: Move out date: Reason for Leaving: _____

Owner/Agent/Complex: Mo. Payment: Phone: ()

SS# or I.T.I.N. #: D.L. #: License Plate No.: _____

Automobile Make: Color: Yr: State of Registration: _____

Present Employer: From/To: _____

Address: Phone: ()

Employed as: Monthly Salary: _____

Other Verifiable Income: Monthly Amount: Phone: ()

Notify in case of Emergency: Relationship: _____

Address: Phone: (home)() (work)()

City: State: Zip _____

Applicant declares that the above stated facts are true and correct and, by their signature below, Applicant hereby authorizes Owner, or its Agent, to obtain, from others, full and complete information, including credit report, unlawful detainer (eviction search) report, criminal background check, previous tenant history and verification of employment history. Applicant consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords.

Applicant's Signature

Photo I.D. Title & #

Issuing Authority Exp. Date

Verified by:

Co-Applicant's Signature

Photo I.D. Title & #

Issuing Authority Exp. Date

Verified by:

DEPOSIT RECEIPT

Date / Time of Receipt _____ am / pm

Received the sum of \$ _____ as a deposit to secure the rental of apartment number _____ upon the terms and conditions of the Rental Agreement. If application is not accepted by the owner or it's agent within three (3) days, the application shall be deemed not accepted. If not accepted, this deposit shall be refunded. If application is accepted by the owner or it's agent, the first month's rent plus additional deposits, as required below, will be payable. Owner and/or it's agent shall not be liable to Applicant for damages for failure to deliver possession of the premises on the date herein stated, beyond the refund of the Deposit received. In the case of co-residents, it is understood that the full deposit shall remain with the apartment until completely vacated and will be refunded to the legal residents at that time. At no time will any deposit be split or partially refunded. Since this deposit is intended to secure the rental of the above apartment and since the apartment is being withdrawn from the rental market, upon cancellation of this application by applicant, after acceptance, the daily rental rate of the above apartment (\$ _____ per day) shall be deducted from the deposit, and any remaining balance shall be refunded. In addition, a non-refundable fee of \$ _____ per report, (which represents the actual cost of the credit report and/or other screening reports), has been received.

INITIAL PAYMENTS REQUIRED

- 1. Rent from _____ thru _____ \$ _____
Addendum Mo. to Mo.
2. Additional Deposit \$ _____
3. Other Adjustments(s) \$ _____
4. Balance due on move-in day (All adults must be present) \$ _____

Next rent due on _____, _____ \$ _____
Prorate based on current move-in date. Prorate

I have read and understand these conditions: _____ Initial(s). _____

Agent for Owner

APPROVED BY:

Date _____ Time _____

CONDITIONALLY APPROVED BY:

(Co-S/ Addl Dep) Date _____ Time _____

Conditional Approval Letter Sent _____

Date _____

DENIED BY:

Date _____ Time _____

Denial Letter Sent _____

Date _____

CANCELLED BY:

Date _____ Time _____

Accommodating Persons with Disabilities

The Fair Housing Act allows applicants or residents with disabilities to make requests for a reasonable accommodation in any rule, policy, practice or service. Additionally, applicants or residents with disabilities may request modifications to their rental unit, at their own expense, so long as they agree to restore the property to its original condition when their tenancy ends, with normal wear and tear excepted. Additional conditions may apply.

If you are a person with a physical or mental disability and would like to make a request for an accommodation to any rule, policy, practice or service, or would like to request a modification to a rental unit or to the property, please contact a property manager for assistance.

Criminal History and Verification Authorization Addendum

Royal T Management places no interest higher than the safety and wellbeing of its residents. Because of this, Royal T Management will not rent to applicants with a history of criminal behavior showing a disregard for the health, safety and/ or property of others. This Addendum is designed to determine whether you meet the social interaction requirements for residency in a property managed by Royal T Management. Your response to the following question will be subject to verification and any false response to the following question will be subject to and/ or result in termination of your rental agreement/ lease.

Have you ever been arrested for or charged with any felony crime involving:

Drugs – manufacture, sale, distribution of any controlled substance within the last 7 years;

Weapons – the possession, manufacture, sale, distribution or use of any illegal weapon and/or the illegal possession, sale distribution, use or discharge of any firearm;

Gangs – membership in or participation in the activities of any criminal street gang;

Sexual Crimes – including, but not limited to prostitution, pimping, pandering, rape, molestation, sodomy, stalking and mayhem;

Injury or threatened injury to a person; Injury or threatened injury to property;

Theft – including but not limited to robbery and/or burglary;

Shoplifting, or passing bad or forged checks within the past seven (7) years;

And which arrest or charge resulted in a plea or finding of guilt, a conviction, a withheld adjudication or a deferred adjudication?

YES _____

NO _____

If you answered YES to the question above, then you may be ineligible for residency in a property managed by Royal T Management. Please print your name and sign the authorization below so that your response may be investigated and verified.

I, _____, hereby authorize Royal T Management, to verify any and all statements and representations, whether express or implied, made by me with respect to this Criminal History and Verification Authorization Addendum. This authorization is to include, but is not limited to, the power of Royal T Management to obtain a criminal background check concerning me, and I agree to furnish any further information and authorization as may be requested by Royal T Management to accomplish the task of verifying my statements and representations. I hereby authorize any person or entity to release to Royal T Management, any and all information as may be requested by Royal T Management concerning the matters referred to in this Criminal History and Verification Authorization Addendum.

APPLICANT

Print Name: _____

Signature: _____ Date: _____



ROYAL T MANAGEMENT

Name of Applicant _____

Complex _____ Apt. # _____

I, _____, wish to receive a copy of an Investigative Consumer Report prepared about me. I understand the copy of the report shall be sent within three (3) business days of the date the report was provided to the recipient user.

NO YES Date Copy Given _____ Mgr. Name _____

AUTHORIZATION: By their signature below, applicant hereby authorizes owner, or its agent, to obtain, from others, full and complete information, including credit report, unlawful detainer (eviction search) report, criminal background check, previous tenant history and verification of employment history. Applicant consents to allow landlord to disclose tenancy information to previous or subsequent landlords. I have received the Summary of Your Rights Under the Fair Credit Reporting Act and the Summary of Consumer Rights California.

Signature _____ Date _____

NOTICE TO PROSPECTIVE RESIDENTS OF FRESNO'S NON-SMOKING ORDINANCE

Notice of Applicability of Ordinance Prohibiting Smoking In and Around Multiunit Rental Properties. As required by Section 10-2004(b) of the Fresno Municipal Code, prospective residents are hereby notified that this rental property is subject to Article XX of Chapter 10 of the Fresno Municipal Code (hereinafter "Ordinance"), which prohibits smoking in and around multiunit rental properties.

City of Fresno Advisory Regarding Ordinance. The following advisory regarding the Ordinance was prepared by the City of Fresno:

"As of January 1, 2022, smoking is prohibited in all units, common areas, and outdoor areas, except for specifically designated smoking areas.

On October 14, 2021, the Fresno City Council passed Ordinance 2021-045 prohibiting smoking in all multi-unit rental properties in Fresno (Ordinance). The Ordinance will go into effect on January 1, 2022.

According to section 10-2004(a)-(b) of the Ordinance, all existing tenants must receive a written notice of the Ordinance no later than January 1, 2022. All new leases initiated after January 1, 2022, will include non-smoking provisions. Please note the new law prohibits smoking in all units and common areas, excluding any exclusive use outdoor areas, regardless of whether it is included in the lease, and violators of the law may be subject to a fine.

Under the smoke-free ordinance, "Multi-unit residence" means residential property containing two or more rental units where the majority of the units share at least one common wall with an adjacent unit. "Smoking" means inhaling, exhaling, or burning any tobacco, nicotine, or marijuana, or plant product, whether natural or synthetic, intended for inhalation, or using an "electronic smoking device." "Exclusive Use Outdoor Area" means an area accessible only by the occupant of a unit, such as a private balcony, deck, porch, or patio. For additional provisions, see attached Ordinance.

The U.S. Surgeon General's find that there is no safe level of exposure to secondhand smoke and the California Air Resources Board's decision to classify secondhand smoke as a toxic air contaminant has prompted jurisdictions across the state and country to reduce multi-unit residents' exposure to secondhand smoke."

More Restrictive Smoking Policy in Rental/Lease Agreement Controls. The Ordinance does not affect or prohibit the implementation or enforcement a more restrictive smoking policy than set forth in the Ordinance. Therefore, you are notified that the landlord may have a stricter non-smoking policy than the Ordinance requires, and if so, the stricter non-smoking policy controls.

