



# Casas By The Sea

*5060 La Jolla Blvd. San Diego, CA. 92109*

Each applicant needs to submit the following items with the completed application attached in person to the Leasing office:

- 1) Copy of your driver's license
- 2) One month of recent pay stubs with the gross income reflecting 3 times the monthly rent amount. Tax Returns may be requested.
- 3) Application Fee \$35 per person.  
**CERTIFIED FUNDS ONLY**

Please submit all the above items at the same time. Applications will be processed once ALL information is received. Incomplete applications will slow down the process. Rental and Employment references will be verified.

*Thank you!*

***Casas by the Sea***

***Casa Del Norte \* Casa Del Mar \* Casa Del Sur \* Casa Hermosa***

PH: 858-483-7412 \* FX: 858-866-1100 \* [TheCasas@SunriseMgmt.com](mailto:TheCasas@SunriseMgmt.com)

# RENTAL APPLICATION



Each adult (over 18) must complete a separate application.

## 1. PERSONAL INFORMATION *(please include your full middle name)*

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License/Govt-Issued ID #: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive communication via email from the property?  Yes or  No

Have you ever been convicted of a felony?  Yes or  No

## 2. ADDITIONAL OCCUPANTS *(list all, including minors)*

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## 3. RENTAL HISTORY *(5 years)*

A. CURRENT: Address: \_\_\_\_\_  
Name of Apartment/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

B. FORMER: Address: \_\_\_\_\_  
Name of Apartment/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## 4. EMPLOYMENT INFORMATION *(5 years)*

A. CURRENT: Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Monthly Income: \$ \_\_\_\_\_ How Long? \_\_\_\_\_

B. FORMER: Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Monthly Income: \$ \_\_\_\_\_ How Long? \_\_\_\_\_

Other current income *(please circle)*: Grants/Scholarships/Loans/Misc  
Source: \_\_\_\_\_ Per month: \_\_\_\_\_

## 4. AUTO INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

## 5. IN CASE OF EMERGENCY, NOTIFY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_ Allowed Access?\*  Yes or  No

*\*In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact may remove your property from your unit or the common areas.*

Possession of the above-described premises will not be given to applicant until:

1. Application has been approved by landlord, and
2. Lease has been properly executed by all parties, and
3. First month's rent and total deposit have been paid in full.

**Rents are due and payable on or before the 1st day of each calendar month. This requirement is strictly enforced.**

Authorization is hereby given to complete a credit check and for direct contact with references and/or employers. This application is not a Lease Agreement or contract and is subject to approval by Community Manager and Sunrise Management Company.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE:

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Received on \_\_\_\_\_ at \_\_\_\_\_ am/pm by \_\_\_\_\_