| or the rental prop | erty loca | ted at: | | | | | | ("Pr | remises"). |
|--|-----------|--------------------|---------------|---|------------------------------------|-------------|-------------|-------------|------------|
| PPLICANT (All pe | rsons 18 | or older must comp | lete their ow | vn applicati | ion form and be approve | ed for tend | ancy): | | |
| Last Name: | | First Name: | | Middle Name: | | | | | |
| Cell Phone: | | Work Phone: | | Home Phone: | | | | | |
| Current Address: | | | | | | | | | |
| Date of Birth: Social Security# or | | TITIN: Driver's Li | | Driver's License # / Ex | kp. Date: Other Government Id No.: | | No.: | | |
| Email: Othe | | | Other Na | Other Names Used In the Last 10 Years: | | | | | |
| URRENT INCOM | E: | | | | | | | | |
| \$ | | | | Source: | | | | of Income: | |
| \$ | \$ Source | | | Source: | | | | of Income: | |
| Other Income Sour | ces: | | | • | | | ' | | |
| MPLOYMENT IN | FORMA | TION: | | | | | | | |
| | | | <u>C</u> | CURRENT EM | <u> 1PLOYMENT</u> | | | | |
| Employer: | | | | | Address: | | | | |
| Phone: | | | | Supervisor's Name: | | | | | |
| Current Title: | | | | Current Pay Rate: \$ Per ☐ Week ☐ Month (Check one) | | | (Check one) | | |
| Employed From: | | | | 1 | Го: | | | | |
| Are you currently employed with the above company? ☐ Yes ☐ No | | | | * We will be contacting current employer to verify the accuracy of all of the above-stated information. | | | | | |
| | | | | PRIOR EMP | PLOYMENT | | | | |
| Employer: | | | | | Address: | | | | |
| Phone: | | | | | Supervisor's Name: | | | | |
| Title: | | | | Current Pay Rate: \$ | Pe | r 🗌 Week | □Month | (Check one) | |
| Employment From: | | | | 1 | Го: | | | | |
| Reason for leaving: | | | | | | | | | |



| DDITIONAL OCCUPANTS: (All persons 18 o | er over must fill-out th | eir own applica | ation, unless otherwise allowed by law). | | |
|--|---|--|--|--|--|
| First, Middle, Last Name: | ddle, Last Name: Date of Bird | | Relationship To Applicant: | | |
| First, Middle, Last Name: | Date of Bir | rth: | Relationship To Applicant: | | |
| First, Middle, Last Name: | Date of Bir | rth: | Relationship To Applicant: | | |
| ESIDENCE INFORMATION: | 1 | | | | |
| | CURRENT | RESIDENCE | | | |
| Address: (Street address, City, State & Zip): | | | | | |
| Tenancy From: To: | | Last rent paid | Last rent paid: \$ /Month | | |
| Owner/Manager's Name: | | Owner/Mana | ger's Phone #: | | |
| Are you currently residing here? ☐ Yes ☐ No | | Did you ever pay your rent late or fail to pay your rent, while you were residing here? ☐ Yes ☐ No | | | |
| Were you ever given a notice stating that you are | violating the rental ag | reement or rule | s while you were residing here? Yes No | | |
| What is your Reason for Leaving? | | | | | |
| [Please List fo | PREVIOUS F or the Last Five (5) Year | RESIDENCE(S) s (Attach Additio | onal Pages If Needed)] | | |
| Address (Street address, City, State & Zip): | | | | | |
| Dates of Tenancy: From: To: Rent paid at End of Tenancy: \$ /Month | | | | | |
| Owner/Manager's Name: | | Owner/Mana | ger's Phone #: | | |
| Are you currently residing here? ☐ Yes ☐ No | | Did you ever pay your rent late or fail to pay your rent, while you were residing here? ☐ Yes ☐ No | | | |
| Were you ever given a notice stating that you are | violating the rental ag | reement or rule | s while you were residing here? | | |
| What was your Reason for Leaving? | | | | | |
| | PREVIOUS F | RESIDENCE #2 | | | |
| Address (Street address, City, State & Zip): | | | | | |
| Dates of Tenancy: From: To: | | Rent paid at End of Tenancy: \$ /Month | | | |
| Owner/Manager's Name: | | Owner/Manager's Phone #: | | | |
| Are you currently residing here? ☐ Yes ☐ No | | Did you ever pay your rent late or fail to pay your rent, while you were residing here? ☐ Yes ☐ No | | | |
| Were you ever given a notice stating that you are | violating the rental ag | reement or rule | s while you were residing here? Yes No | | |
| What is your Reason for Leaving? | | | | | |



CREDIT INFORMATION (Please list all your financial obligations and assets):

| Bank Account type (Checking or Savings) | Account Number | Name of Bank | Branch or Address of Bank | <u>Balance</u> |
|--|----------------------|-------------------------|------------------------------|--------------------|
| 1. | | | | \$ |
| 2. | | | | \$ |
| 3. | | | | \$ |
| <u>Credit Accounts</u> (Name of Creditor) | Account Number | <u>Address</u> | Phone Number | Monthly Payment |
| 1. | | | | \$ /Mo. |
| 2. | | | | \$ /Mo. |
| 3. | | | | \$ /Mo. |
| Other Obligations: | Monthly Amount Owed: | <u>Lienholder/Bank:</u> | Creditor's Phone # | Total Amount Owed: |
| 1. Car Payment | \$ /Mo. | | | \$ |
| 2. Child Support | \$ /Mo. | | | \$ |
| 3. Alimony | \$ /Mo. | | | \$ |
| 4. Other: | \$ /Mo. | | | \$ |

| VEHICLE I | INFORM | IATION: |
|-----------|--------|---------|
|-----------|--------|---------|

| | MICEL IN ORMITON | | | | | | |
|---|------------------|--------|-------|--------------|--------|--|--|
| I will have (insert number) vehicles parked at the Premises. Description of Automobiles of Applicant: | | | | | | | |
| 1. | Make: | Model: | Year: | License No.: | Color: | | |
| 2. | Make: | Model: | Year: | License No.: | Color: | | |
| Other Vehicles (motorcycle, etc). Please describe: | | | | | | | |
| 1. | Make: | Model: | Year: | License No.: | Color: | | |

PERSONAL REFERENCES:

| Name: | <u>Address</u> | Phone Number | <u>Relationship</u> |
|-------|----------------|--------------|---------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

PET INFORMATION (Attach additional pages as necessary):



| IST ALL PROPOSED OCCUPA | | | |
|---|---|---|---|
| IST ALL PROPOSED OCCUPA | | | |
| IST ALL PROPOSED OCCUPA | | | |
| | ANTS (Note all occupants 18 and older n | nust complete a separate | application form): |
| Name: | | | AGE: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | DRMATION (In case of Emergency, noting | | |
| Name: | Address | Phone Number | <u>Relationship</u> |
| 1. | | | |
| 2. | | | |
| ENEDAL INCODMATION. | Check the have part to the angues that an | nlias) | |
| | Check the box next to the answer that apports to a lawsuit? (If so, describe below) | □ YES □ NO | |
| • | ankruptcy? (If so, describe below) | □ YES □ NO | |
| Do you have any liquid-f | filled furniture or do you intend to use the Premises? (If so, describe below) | □ YES □ NO | |
| Have you ever been conv | victed for a crime against persons or prop | erty? □ YES □ NO | |
| Have you ever been evict reason or asked to leave a | ted for non-payment of rent or any other a prior residence? | □ YES □ NO | |
| you answered "YES" to any of | the above questions, please explain below | v (Use additional pages a | and attach if necessary): |
| | | | |
| | | | |
| ee"), which will be used to cove necks, consumer credit reports, | G FEE RECEIPT: Owner/Agent receiver the cost of obtaining information about criminal background checks and other attigation. This Application Screening Fee | at Applicant; including the similar information, such | he cost of obtaining personal reference ch as tenant screening service report |
| | l reference checks, consumer credit repor | | |
| Processing costs (including verifying the information) | ng the reasonable value of time spent by obtained): | | agent in obtaining, reviewing & |

NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT (ICRAA)



Application to Rent CALIFORNIA CIVIL CODE SECTION 1786.22. Owner/Agent will be requesting an investigative report \square YES \square NO If Owner/Agent is requesting a report: ☐ I would like a copy to receive a copy of the investigative reports prepared. If this boxed is check, Owner/Agent has three (3) business days from the date the report is received to provide a copy of the report. The report may also be obtained directly from the consumer agency named below: Reporting Agency: ___ Address: Telephone Number: (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice. (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows: (1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided. (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies. (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer. (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity. (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10. (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22. (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence. Applicant represents that all information given and statements made on this application are true and correct. Applicant hereby authorizes Owner/Agent to verify and investigate by whatever means possible all facts and references stated herein, including but not limited to, current and previous landlords and employers, and personal references. Applicant hereby authorizes Owner/Agent to obtain Unlawful Detainer, Credit Reports, Telechecks, and/or criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing and/or may result in denial of tenancy. Applicant acknowledges that Owner/Agent will rely on the information provided herein, and that any material misstatement(s) will, at Owner/Agent's option, be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction. Signature of Applicant: