	ental Application for nt and each co-resident or			
Property				
Today's Date				
Unit	type applying for		Rent Price	
	I# of Occupants		Furn/Unf.	
DATE NEEDED				
Name of all persor	1S who will occupy the ap	artment:		
1) Name	Relationship		_ Drivers Lic#	SS#
2) Name	Relationship		_ Drivers Lic#	SS#
3) Name	Relationship		_ Drivers Lic#	SS#
4) Name	Relationship		Drivers Lic#	
Applicant				
Full Name (exactly Govt. ID card)	as on driver's license or	Previous	s Employer	
Driver's Lic. #	SS#	Address:		
Birthdate:	001	Work Phone: () Position/ Rank:		
Mother's Maiden Name:		Start Date: Gross Mo. Income \$		
Current address		Supervisor Name: Phone		
Phone() rent \$	monthly	· · ·	me (source)	Monthly
Apt complex name:		Vehicles	5	
Manager's name:	phone	Make: Color:	Model:	Yr:
Date moved in:	Move-out reason?	License pla	ate #:	State:
Previous address	5	Make: Color:	Model:	Yr:
Phone() rent \$	monthly	License pla	ate #:	State:
Apt complex name:		Emergency contact person over 18, who will not be living with you: (list 2)		
Manager's name:	phone	Name:		Phone
()		()		
Date moved in: Date moved out:		Address: Relationsh	iip:	
2 nd Previous add	Name:		Phone	
Phone () monthly rent \$		Address: Relationsh	in:	
Apt complex name:		Bank information		
The complex name.				

Manager's name:	phone	Bank name:	Branch:
Date moved in:	Date moved out:	City:	State:
Present Employer	,	*** OFFICE USE ONLY ***	
Address:		Processing Fee:	Received by:
Work Phone ()	Position/		
Rank:			Date paid:
Start Date:	Gross Mo. Income \$	Comments:	
Supervisor Name:	Phone		
Other Income (source) Amount \$	Monthly		

Credit Information:

Please check all that apply: I have been evicted or asked to move out I have broken a rental agreement I have declared bankruptcy I have been sued for rent I have been sued for property damage I have been arrested for a felony or sex-related crime that was resolved by any method.

Authorization

I authorize to verify, by all available means, the above, including income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Applicant(s) further represents that all of the information stated above is true and accurate and hereby authorize verification of the above information including but not limited to the obtaining of a credit and/or criminal report.

Applicant Signature _____

Date _____

Seacoast Apts, San Diego, CA 92054 Office (619) 224-0759 Fax (619) 224-0759

Resident Eligibility Criteria

An Equal Housing Opportunity

- 1. All household members must be listed on the application; the application must be fully completed, dated and signed by each person over 18 years of age, a \$30.00 non-refundable fee per person over 18 years of age.
- 2. Occupancy A maximum of two people per bedroom plus one additional person per unit is the maximum allowed.
- 3. Credit Report Application will be denied if there is any eviction. Bankruptcies will be considered based upon status, payment plans, and foreclosures.
- 4. Must verify last 36 months of residency.
- 5. Minimum Income Requirements Household income must be two and ½ times the rent. Applicant must provide proof of income.
- 6. The entire household may be subject to immediate termination of tenancy if any additional household members are found to be residing in the unit without written consent of the management.
- 7. Incomplete, inaccurate or falsified information on the application, income, landlord information, will be grounds for denial.
- 8. Seacoast Apartments has a pet policy; requiring a \$200.00 pet deposit.

Applicant signature (Head of Household)

Date