

APPLICATION FOR RENT

TENANT
GUARANTOR

\$30.00 Processing Fee is Required Per Application
Individual Applications Required From Each Occupant 18 Years of Age or Older

FIRST NAME MIDDLE NAME			LAST NAME					MARITAL STATUS MAIDEN NAME	
ADDRESS C				ITY / STATE / ZIP				WORK PHONE NUMBER	
HOME PHONE NUMBER	CELL PHONE N	IUMBER		DATE OF BIR	TH	DRIVER'S LIC	CENSE#	() STATE	SOCIAL SECURITY # OR ITIN
()	()								
EMAIL ADDRESS	•			•		•			
1									
CURRENT ADDRESS INFORM	MATION								
MONTHS AT THIS ADDRESS			MONTHLY RE	ENT/MORTGAGE PAYMENTS				OWNER/AGENT PHONE NUMBER	
REASON FOR MOVING									
			TOWNED/A OF	NITNIANE					IOE ON (END
APARTMENT COMMUNITY			OWNER/AGE	NINAME				WAS 30 DAY NOTICE GIVEN?	
PREVIOUS ADDRESS			•	CITY				STATE	ZIP CODE
MONTHO AT THE APPRESS			IMONETH V DE	NT/MODTO A CO	E DAYMENTO			TOWNED A OFFIT D	LIONE NUMBER
MONTHS AT THIS ADDRESS			MONTHLY RE	NT/MORTGAGI	E PAYMENTS	i		OWNER/AGENT PHONE NUMBER	
REASON FOR MOVING								()	
APARTMENT COMMUNITY			OWNER/AGE	NT NAME				WAS 30 DAY NOTICE GIVEN?	
	NAME (AGE JE MINO	D)		INAME (AGE	IE MINIOD)				
PROPOSED OCCUPANTS:	NAME (AGE, IF MINO	K)		NAME (AGE, IF MINOR)				NAME (AGE, IF MINOR)	
LIST ALL IN ADDITION	NAME (AGE, IF MINO	R)		NAME (AGE, IF MINOR)				NAME (AGE, IF MINOR)	
TO YOURSELF									
PETS:	TYPE	WEIGHT	AGE	COLOR	NAME		BREED	GENDER	SPAYED/NEUTERED?
YESNO									YESNO
CURRENT EMPLOYER NAME				JOB TITLE OF	R POSITION			START DATE	
EMPLOYER ADDRESS				СІТУ				STATE	ZIP CODE
EMPLOYER PHONE				SUPERVISOR'S NAME					
PREVIOUS EMPLOYER NAME				JOB TITLE OR POSITION				DATES OF EMPLO	PYMENT
EMDLOVED ADDDESS				CITY				STATE	ZIP CODE
EMPLOYER ADDRESS				CITY				STATE	ZIP CODE
EMPLOYER PHONE				SUPERVISOR'S NAME					
CURRENT GROSS MONTHLY INCOME				ADDITIONAL INCOME SOURCE			SOURCE A	ADDITIONAL INCOME	
\$				\$					
I							1		
NAME OF BANK BRANCH ADD			DDRESS CITY/STATE/ZIP CODE ACCOUN				ACCOUNT	NUMBER:	
EMERGENCY CONTACT	ADDRESS			CITY/STATE/ZIP CODE RELATION		RELATION	SHIP	PHONE NUMBER	
1) PERSONAL REFERENCE ADDRE			DDRESS CITY/STATE/ZIP CODE LEN			LENGTH O	F ACQUAINTANCE	PHONE NUMBER	
2) DEDSONAL DEFEDENCE			ADDRESS CITY/STATE/ZIP CO			E/ZID CODE	() LENGTH OF ACQUAINTANCE PHONE NUMBER		
2) PERSONAL REFERENCE ADDRES		VDDVE99	CITY/STATE/ZI			LIZIF CODE	()		()
1 AUTOMOBILE MAKE		MODEL	DDEL			YEAR		LICENSE / STATE	
2 AUTOMOBILE MAKE		MODEL		COLOR		YEAR		LICENSE / STATE	
3 AUTOMOBILE MAKE	MODEL	COLOR YEAR				LICENSE / STATE			

* MOVE-IN MONIES MUST BE IN CERTIFIED FUNDS (MONEY ORDER OR CASHIER'S CHECK)

* HAVE YOU EVER FILED FOR BANKRUPTCY?

YES:	NO:		
YES:	NO:		



NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT

The Owner/Agent intends to request an investigative consumer report regarding the Applicant's character, general reputation, personal characteristics, and mode of living. Under Section 1786.22 of the California Civil Code, the files maintained on you by the investigative consumer agency shall be made available to you during business hours and on reasonable notice, provided you furnish property identification, as follows: (1) You may appear at the investigative consumer reporting agency identified below in person, (2) you may make a written request for copies to be sent by certified mail to a specified addressee, or (3) you may make a written request for a summary of the file to be provided over the telephone. The agency may charge a fee, not to exceed the actual duplication costs, if you request a copy of your file. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. If you are accompanied by a person of your choosing, the agency may require you to furnish a written statement granting permission to the investigative consumer reporting agency to discuss your file in the other person's presence. The agency that will prepare the report(s) identified in this section is:

f you are accompanied by	a person of your choosing, the a	a person of your choice may accompany you agency may require you to furnish a written s person's presence. The agency that will pre	tatement granting permis	sion to the investigative
National Tenan	at Network (NTN); PO Box 6245	; Concord, CA 94524; 1.800.800.5602; <u>ww</u> y	w.ntnonline.com	
f you would like a copy of	the report(s) that is/are prepared	I, please check the box below:		
☐ I would like to recei	ive a copy of the report(s) that is/	are prepared.		
	d, Owner/Agent agrees to send to t with another entitiy to send a co	he report to Applicant within three (3) busined opy of the report.	ss days of the date the re	port is provided to Owner/Agent.
furnish additional credit detainer (eviction) report	references upon request. App ts, bad check searches, social	of for Rent are true and correct and hereby licant authorizes the Owner/Agent to obta security number verification, fraud warnir enancy information to previous or subseq	nin reports that may incl ngs, previous tenant his	ude credit reports, unlawful
Owner/Agent will require	e a payment of \$ 30.00, which is	s to be used to screen Applicant.		
	ess and verify screening informat	n) search, and/or other screening reports: tion (may include staff time and other soft co	sts):	\$24.00 \$6.00 \$30.00
The undersigned is applyir	ng to rent the premises designate	ed as:		
Jnit #	Located at			
The rent is: \$	per month. Upon app	oroval of this application, and execution of a roof \$, before occupancy	rental/lease agreement, th	ne applicant
		ly waives any right to claims of damages if O ty deposit, any holding or other deposits and		
DATE	APPLICANT (S	SIGNATURE REQUIRED)		_
Form Date 10/15/2018	Det	ach receipt below and give to applica	ant.	
	RECEIPT FOR	TENANT SCREENING AND/OR CREDIT CH	ECKING FEES	
On, (<i>Date</i>)	Owner/Agent received \$	from the undersigned, hereinafter calle	ed "Applicant," who offers	to rent from
Owner/Agent the premises	s located at:			
			, Unit # (if applicabl	e)
(Street Address)			CA	
(City)			, CA	(Zip Code)
Applicant represents that a	s upon request. Applicant author	For Rent are true and correct and authorized rizes the Owner/Agent to obtain reports that reation, fraud warnings, previous tenant history	s verification of those item may include credit reports	ns and agrees to furnish s, unlawful detainer (eviction)
Payment is to be used to s	screen "Applicant". The amount	charged is itemized as follows:		
	ess and verify screening informat	n) search, and/or other screening reports: tion (may include staff time and other soft co	sts):	\$24.00 \$6.00 \$30.00
Date	Applicant			

Owner/Agent

Date