



All applications must be fully completed prior to submitting. This property does not accept comprehensive reusable tenant screening reports.

Apt. Community _____ Apt # _____
[] Unreinforced Masonry Building which may be unsafe in a major earthquake
[] Add-on Roommate [] Occupant (not on lease) [] Additional Info Attached

Date _____ Screening Charge \$ _____ Rent \$ _____ Lease Break Fee \$ _____ Special Discount \$ _____ from _____
Owner/Agent _____ Phone # _____
Address _____ City _____ State _____ Zip _____

Information provided may be made available to other services or agencies for verification either during application or, if approved, during occupancy. By completing and submitting this application, applicant does not acquire any rights in any rental unit. Should applicant be approved, the applicant has three (3) days to complete the necessary paperwork and pay required monies. Include supporting documentation: Pay Stub; Letter of Recommendation; Photo Identification; Social Security Card; Etc.

1. PERSONAL INFORMATION

Legal Name _____ Last _____ First _____ Middle _____
Other Legal Names Used: _____
Date of Birth _____ Social Security # _____
Active or Reserve Military? [] Active [] Reserve [] Not Applicable
Driver's License # _____ State _____
Vehicle Make _____ Model _____ Year _____
License Plate # _____ State _____ Color _____
Home Phone _____
Mobile Phone _____
Email Address _____

2. INCOME DESCRIPTION

Company Name _____
Address _____
Employer's Phone _____ Date of Hire _____
Gross Income \$ _____ Frequency: [] Monthly [] Annually
Hourly Rate \$ _____ Hours per week _____
Position/Title _____
Additional Sources of Income (must attach proof and be able to verify):
Source _____ Amt. \$ _____ Frequency _____
Source _____ Amt. \$ _____ Frequency _____
TOTAL MONTHLY INCOME: \$ _____

3. RESIDENCE HISTORY - CURRENT

Applicant must provide a minimum of two (2) consecutive years of residence history. If additional space is needed attach Additional Residence History Form

Current Address _____ Number _____ Street _____ Apt # _____
City _____ State _____ Zip _____
Own or Rent? _____ Monthly Payment _____
Date of Move-In _____ Approx. Move-Out _____
Reason for Moving _____
Landlord or Mortgage Company _____
Address _____
Email _____
Phone # (_____) _____ Fax # (_____) _____

4. RESIDENCE HISTORY - PREVIOUS *

Previous Address _____ Number _____ Street _____ Apt # _____
City _____ State _____ Zip _____
Own or Rent? _____ Monthly Payment _____
Date of Move-In _____ Approx. Move-Out _____
Reason for Moving _____
Landlord or Mortgage Company _____
Address _____
Email _____
Phone # (_____) _____ Fax # (_____) _____

5. OTHER IMPORTANT INFORMATION

List all persons in unit: Date of Birth: Head of Household:
Name: _____ DOB: _____ []
Name: _____ DOB: _____ []
Name: _____ DOB: _____ []
Name: _____ DOB: _____ []
Name: _____ DOB: _____ []
Name: _____ DOB: _____ []
Name: _____ DOB: _____ []

Disclosed Disability and/or Mobility Need(s) [] Yes [] No
Do you have a pet or other animal?..... Type? _____ [] Yes [] No
Do you have a water bed or use an aquarium? [] Yes [] No
Do you intend to use a musical instrument? [] Yes [] No
Applicant Disclosure. Have you:
Been evicted? [] Yes [] No
Been convicted of a felony? [] Yes [] No
Been convicted of a misdemeanor? [] Yes [] No
Year: _____ State: _____ Status: Convicted / Dismissed / Open
Explain nature of conviction(s) _____

6. CERTIFICATION OF ACCURACY & APPLICANT SIGNATURE

Applicant hereby certifies that the information contained on this fully completed application and all additional information submitted. is true and correct, and hereby authorizes landlord/agent to make any necessary inquiries deemed necessary to evaluate the application for tenancy and credit standing. Applicant understands and accepts that any information provided that is incomplete, inaccurate, or falsified shall be grounds for denial of the application or subsequent termination of tenancy upon determination of such material misrepresentation.

APPLICANT SIGNATURE _____
Submission Date _____ Time _____ am/pm Que # _____
Visual proof of photo ID reviewed. [] Yes [] No
[] Approved As Is [] Approved with Condition [] Denied