



All applications must be fully completed prior to submitting.

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
Visual proof of photo ID reviewed. Yes No
Approved As Is Approved with Condition Denied