APPLICATION TO RENT

☐Tenant ☐Guarantor

_(/	All sections m	ust be o	complete	ed)	Individ	ual applicatio	ns req	uired						
Last Name First Name							Social Security Number or ITIN							
Other names used in the last 10 years				Work phone number			Home phone number							
Date of birth E-mail address				ss	s			Mobile/Cell phone number						
Photo ID/Type Number				Issuing governmentË¢Kæe^ Exp. date				Other ID						
1.	Present address				City			Sta	State Zip					
	Date in Date		Date out		Owner/Agent Name					Owner/Agent Phone nur			number	
	Reason for moving out							Current \$	ent rent /Month					
2.	Previous address				City			State Zip						
	Date in Date		Date out		Owner/Agent Name					Owner/Agent Phone number		number		
	Reason for mo	oving out	t						l					
3.	Next previous address				City						State		Zip	
	Date in Da		Date out	ate out Owner/Agent Name							Owner/Agent Phone number			
	Reason for moving out													
	Proposed Applicant Name Occupants:				Name/Birthdate									
Lis	t all addition	Name/Birthdate				Name/Birthdate								
to yourself		Name/E	Birthdate		Name/Birthdate									
Do you have pets⊕^¦çã&^Á æ}ã æ∳?			ibeÆÄ/^]^ÆÁÓ¦^^å				Do you have a Describe waterbed?			ribe				
	w did you hear	about tl	his renta	l?										
A.	Current Employer Name				Job Title or Position			Dates o			Dates of	Employment		
	Employer addi	loyer address				Employer/Human Reso			urces phone number					
	City, State, Zip	p					Name of your supervisor/huma			or/humar	in resources manager			
Cu	rrent gross inco	ome		Check	one									
\$ B.	Drior Employe	r Nama		Per ☐ We	ek □ Mo	onth	lob Titl	lo or D	ocition			- I	Datos of	Employment
Б.	Prior Employer Name					Job Title or Position Dates of Employmen					Employment			
	Employer address						Employer/Human Resources phone number							
	City, State, Zip						Name of your supervisor/human resources manager							
Other income source Amount \$ Frequency														
Other income source Amount 9					;			Frequ	enc	v				







Name of your bank		Branch or address				Account Number			
Trainie er yeur burn		Dianon of address							
Name of One disease		Please list ALL of your financial obligations below.				The state of the s			
Name of Creditor		Address	Phone N	umber	Monthly Pymt. Amt.				
				()					
				()					
				()					
				()					
				()					
In accord amounts to	- 4 i f	Address Street City St	-t- 7in	()	Deletiensk	: T	Dhana		
In case of emergency, no	otiry:	Address: Street, City, State, Zip				Relationship Phone			
•									
2.									
Developed Deferences	_	Address Street Situ State 7in		gth of	Occupation	_	Dhana		
Personal References 1.) <u>;</u>	Address: Street, City, State, Zip	Acqua	intance	Occupatio	n	Phone		
2.									
automobile: Make:		Model:	Ye	ear:	_ License #:				
utomobile: Make:		Model:	Ye	ear: License #:					
Other motor vehicles:									
lave you ever filed for bankruptcy	y?	Have you ever been	evicted o	or asked to mo	ve?				
lave you ever been convicted of	selling, dis	tributing or manufacturing illegal drugs?							
furnish additional credit reference reports, unlawful detainer (evi	ences upo iction) rep	statements are true and correct, author n request. Applicant authorizes the Corts, bad check searches, social secu Applicant consents to allow Owner/	Owner/Ag ırity num	jent to obtain ber verification	reports that on, fraud wa	nt may i arnings	include credit s, previous		
Owner/Agent will require a payment of \$, which is to be used to screen Applicant.									
The amount charged is itemized as follows: 1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$									
The undersigned is applying to	to rent the	premises designated as:							
Apt. NoLocated at									
The rent for which is \$applicant shall pay all sums due	per , including	Upon approval of this apprequired security deposit of \$	lication, a	and execution before occupa	of a rental/le ancy.	ase ag	reement, the		
Date Applicant (signature required)							_		



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CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic
 composition of any neighborhood, and we do not engage in any behavior or action that would result in
 "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.







RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

Authorization by rental Applicant for the release of information	
I hereby authorize the release of the information requested on this Rental Ap below. I hereby acknowledge that the Owner/Agent can make copies of requested.	
Name	_ Phone number ()
Signature	_ Date
TO BE COMPLETED BY OWN	
2. Person requesting the rental reference	
Name of Owner/Agent	
Address	Unit #
City	State Zip
Phone number ())
Applicant's rental information Name of rental community (if any)	
Address of rental unit	Unit #
City	State Zip
Name of Owner/Agent	
Phone number (Fax number (
Move-in date: Month Year Move-out date: Month	Year or □current resident
TO BE COMPLETED BY FORMER OR CU	RRENT OWNER/AGENT
4. Rental reference information Did Applicant live at your property during the period indicated above? If no, what were the dates of occupancy? From (month/year):/ How many times during the past 12 months did Applicant pay the rent late? Was any check from Applicant returned due to non-sufficient funds (NSF)? Did you ever file for an unlawful detainer against Applicant for unpaid rent? If yes, what was the result?	/ To (month/year):/
Does Applicant owe any amount for delinquent rent, utilities or damage to unit Did Applicant provide notice for ending tenancy according to the terms of the r Did you ever serve a Three Day Notice to Applicant	rental agreement? □Yes □No □Not applicable because Applicant still resides at unit□Yes □No
Information provided by: Name Information obtained by: □ Phone □Mail □Fax	Phone number ()



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