APPLICATION TO RENT

☐Tenant ☐Guarantor

(/	All sections m	ust be	complete	ed)	Individ	uai appiicat	ions re	quired	trom ea	ch occi	ıpant 18 ye	ars of a	age or older.
Last Name First Name					Middle Name				Social Security Number or ITIN				
Other names used in the last 10 years				Wo	Work phone number				Home phone number				
Date of birth E-mail address				ss					Mobile/Cell phone number				
Photo ID/Type		Number	lumber		Issuing government			Exp. date		Other ID			
1.	Present address						City	City			State Zip		
	Date in Date ou		Date out	Owner/Ag		ent Name					Owner/Agen	t Phone number	
	Reason for moving out								Current rent \$ /Month				
2.	Previous address				City				State Zip				
	Date in Da		Date out	ate out		Owner/Agent Name				Owner/Agent		t Phone	number
	Reason for moving out									Rent at	move-out	lonth	
3.	Next previous address							Cit	у	_ Ψ	State	ionar	Zip
	Date in Da		Date out	ate out Owner/Agent Na							Owner/Agent Phone number		
	Reason for moving out				I					Rent at	move-out /N	lonth	
Proposed Occupants: List all in addition to yourself		Name			Date		Name			Date of Birth			
		Name			Date		Name			Date of Birth			
		Name			Date of Birth			Name			Date of Birth		irth
Do you have pets?		Descri	Describe					o you have a Desc		cribe			
	w did you hear	about	this rental	l?					•				
A.	Current Employer Name				Joh			ob Title or Position			Dates of Employ		f Employment
	Employer address					Employer/Human Rese			ources phone number				
	City, State, Zip					Name of your supervis			superviso	or/human resources manager			
Cu	rrent gross inco	ome		Check	one								
\$				Per □ We	ek 🗆 Mo	onth 🗖 Year							
B.	Prior Employer Name					Job Ti	Job Title or Position Dates of Employr				f Employment		
	Employer address					(Employer/Human Resources phone number ()						
	City, State, Zip						Name of your supervisor/human resources manager						
Oth	ner income sou	rce		-		Amoun	t \$			Frequ	ency		
Other income source Amou				+ \$									



Name of your bank		Branch or address	A	ccount Number	Type of Acct			
		Disease list All I of consulting a sixt a bit	4! 1					
Name of Creditor		Please list ALL of your financial obli		Phone Number	Monthly Pmt.			
		Address	F	Amt.				
			()					
			()					
				()				
				()				
				,				
)				
In case of emergency, n	otifv:	Address: Street, City, St	ate. Zip	()	Relationship	Phone		
1.	y -	Address: Glicet, Gity, Glate, 21p						
2.								
-								
Personal References	s:	Address: Street, City, State, Zip		gth of iintance	Occupation	Phone		
1.					•			
2.								
Automobile: Make:		Model:	ear: License #:					
Automobile: Make:		Model: Y		ear:	License #:			
Other motor vehicles:								
Have you ever filed for bankrupto	;y?	Have you ever been	evicted of	or asked to	move?			
NOTICE R	EGARDING	CALIFORNIA INVESTIGATIVE CONS	UMER R	EPORTING	G AGENCIES ACT			
· —	•	n investigative consumer report regardi		•				
Unless the box above is checked, 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 proper 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 listed below:								
Name of Agency								
Address of Agency								
If you would like a copy of the report(s) that is/are prepared, please check the box below:								
☐ I would like to receive a co	opy of the re	port(s) that is/are prepared						
If the box above is checked, Owner/Agent agrees to send the report to Applicant within three (3) business days of the date the report is provided to Owner/Agent. Owner/Agent may contract with another entity to send a copy of the report.								





Applicant represents that all the above statements are true and correct, authorizes verification of the above items, and agrees to furnish additional credit references upon request. Applicant authorizes the Owner/Agent to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Owner/ Agent to disclose tenancy information to previous or subsequent Owners/Agents.							
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 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) 3. Total fee charged The undersigned Applicant is applying to rent the premises designated as:							
Apt. No Located at							
The rent for which is \$ per Upon approval of this application, and execution of a applicant shall pay all sums due, including required security deposit of \$, before occupancy.							
Date Applicant (signature required)							

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.



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