



## TENANT APPLICATION

Property Address: \_\_\_\_\_ Unit# \_\_\_\_\_

Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other names used within last 3 years: \_\_\_\_\_

Names and Age of other Applicants: \_\_\_\_\_

Pets (Number & Type): \_\_\_\_\_ Do you or any other applicants smoke? \_\_\_\_\_

Fraternity /Sorority Affiliation: \_\_\_\_\_

Molds, mildew, fungi and low levels of chemical substances are present everywhere ... indoors and outdoors. Are you aware of, or suffer any adverse affects from, low levels of chemical substances in modern human environments? Yes \_\_\_ No \_\_\_

Do you suffer from any health problems associated with exposure to mold spores, mildew, or fungi? Yes \_\_\_ No \_\_\_

**Present Address:** \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates: \_\_\_\_\_

Rent Amount: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Owner Name & Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates: \_\_\_\_\_

Rent Amount: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Owner Name & Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

### EMPLOYMENT:

**Present Employer:** \_\_\_\_\_ Dates: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed as: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Dates: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed as: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

**Other Income:** \_\_\_\_\_ Source: \_\_\_\_\_



**PERSONAL DATA:**

Birthdate (Mo-Day-Yr): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Automobile Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License Number: \_\_\_\_\_ Color of Vehicle: \_\_\_\_\_

**CREDIT:**

Credit Reference: \_\_\_\_\_  
Credit Reference: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
Address: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Name of person to be informed: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**RECEIPT FOR DEPOSIT:**

The applicant has deposited \$ \_\_\_\_\_ as a processing fee on property located at \_\_\_\_\_ .

**AUTHORIZATION TO VERIFY INFORMATION:**

I authorize Owner or his/her Agents to verify the above information, including but not limited to obtaining a Credit report and if this application is accepted I agree to execute a residential lease or rental agreement.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DELIVER YOUR APPLICATION ALONG WITH \$30 FOR PROCESSING TO:**  
Authentic Property Management, 310 Locust Street, Suite C, Santa Cruz, CA 95060