



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