

# APPLICATION TO RENT

Tenant  
 Guarantor

(All sections must be completed) **Individual applications required from each occupant 18 years of age or older.**

|   |          |                |  |  |          |                                 |  |
|---|----------|----------------|--|--|----------|---------------------------------|--|
| Last Name   |          | First Name     |  | Middle Name  |          | Social Security Number or ITIN  |  |
| Other names used in the last 10 years                     |          |                |  | Work phone number<br>( )   |          | Home phone number<br>( )        |  |
| Date of birth   |          | E-mail address |  |  |          | Mobile/Cell phone number<br>( ) |  |
| Photo ID/Type   |          | Number         |  | Issuing government   |          | Exp. date                       |  |
| Other ID  |          |                |  |  |          |                                 |  |
| 1. Present address  |          | City           |  | State  |          | Zip                             |  |
| Date in   |          | Date out       |  | Owner/Agent Name   |          | Owner/Agent Phone number        |  |
| Reason for moving out                                     |          |                |  |  |          | Current rent<br>\$ /Month       |  |
| 2. Previous address                                       |          | City           |  | State  |          | Zip                             |  |
| Date in   |          | Date out       |  | Owner/Agent Name   |          | Owner/Agent Phone number        |  |
| Reason for moving out                                     |          |                |  |  |          | Rent at move-out<br>\$ /Month   |  |
| 3. Next previous address                                  |          | City           |  | State  |          | Zip                             |  |
| Date in   |          | Date out       |  | Owner/Agent Name   |          | Owner/Agent Phone number        |  |
| Reason for moving out                                     |          |                |  |  |          | Rent at move-out<br>\$ /Month   |  |
| Proposed Occupants:<br>List all in addition to yourself   | Name     |                |  | Name   |          |                                 |  |
|   | Name     |                |  | Name   |          |                                 |  |
|   | Name     |                |  | Name   |          |                                 |  |
| Do you have pets?   | Describe |                |  | Do you have a waterbed?  | Describe |                                 |  |
| How did you hear about this rental?                       |          |                |  |  |          |                                 |  |
| A. Current Employer Name                                  |          |                |  | Job Title or Position  |          | Dates of Employment             |  |
| Employer address  |          |                |  | Employer/Human Resources phone number<br>( )   |          |                                 |  |
| City, State, Zip  |          |                |  | Name of your supervisor/human resources manager  |          |                                 |  |
| Current gross income                                      |          |                |  | Check one  |          |                                 |  |
| \$  |          |                |  | Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |          |                                 |  |
| B. Prior Employer Name                                    |          |                |  | Job Title or Position  |          | Dates of Employment             |  |
| Employer address  |          |                |  | Employer/Human Resources phone number<br>( )   |          |                                 |  |
| City, State, Zip  |          |                |  | Name of your supervisor/human resources manager  |          |                                 |  |
| Other income source _____ Amount \$ _____ Frequency _____ |          |                |  |  |          |                                 |  |
| Other income source _____ Amount \$ _____ Frequency _____ |          |                |  |  |          |                                 |  |



**Unauthorized Reproduction of  
Blank Forms is Illegal.**



| Name of your bank | Branch or address | Account Number | Type of Acct |
|-------------------|-------------------|----------------|--------------|
|                   |                   |                |              |
|                   |                   |                |              |

Please list ALL of your financial obligations below.

| Name of Creditor                     | Address                                  | Phone Number                  | Monthly Pmt. Amt. |              |
|--------------------------------------|--|-------------------------------|-------------------|--------------|
|                                      |  | (      )                      |                   |              |
|                                      |  | (      )                      |                   |              |
|                                      |  | (      )                      |                   |              |
|                                      |  | (      )                      |                   |              |
|                                      |  | (      )                      |                   |              |
|                                      |  | (      )                      |                   |              |
|                                      |  | (      )                      |                   |              |
| <b>In case of emergency, notify:</b> | <b>Address: Street, City, State, Zip</b> | <b>Relationship</b>           | <b>Phone</b>      |              |
| 1.                                   |  |                               |                   |              |
| 2.                                   |  |                               |                   |              |
| <b>Personal References:</b>          | <b>Address: Street, City, State, Zip</b> | <b>Length of Acquaintance</b> | <b>Occupation</b> | <b>Phone</b> |
| 1.                                   |  |                               |                   |              |
| 2.                                   |  |                               |                   |              |

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Other motor vehicles: \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Have you ever been evicted or asked to move? \_\_\_\_\_

**NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT**

Owner/Agent does not intend to request an investigative consumer report regarding the Applicant

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 copy of the report(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 \$ 30.00 , 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      | \$ <u>19.95</u> |
| 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) | \$ <u>10.05</u> |
| 3. Total fee charged  | \$ <u>30.00</u> |

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 rental/lease agreement, the 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.

