APPLICATION TO RENT

☐Tenant ☐Guarantor

_	(All sections i	must be	complet	ted)	Individ	ual applica	ations re	equired	from each	ch occi	upant 18 v	ears of	age or older.
L	ast Name	E .		First Name	9		Middle	Name		Social S	Security Nur	mber or I	TIN
L	other names us	ed in the	last 10 y	ears	Wo	ork phone nu)	ımber			Home p	hone numb	er	
D	ate of birth			E-mail addre	ess		, , , , , , , , , , , , , , , , , , , 			Mobile/0	Cell phone	number	
Р	hoto ID/Type		Number	٢		Issuing gove	ernment		Exp. date		Other IE)	
1.	Present addr	ess				City				State Zip			
	Date in Date out				Owner/Agent Name						Owner/Agent Phone number		
	Reason for moving out									Current \$		Vionth	
2.	Previous add	Previous address			City				Sta		Zip		
	Date in Date out				Owner/Agent Name				1	Owner/Agent Phone number			
	Reason for moving out												
3.	Next previous	address						City	у		State		Zip
	Date in		ate out		Owner/Age	ent Name					Owner/Age	nt Phone	number
	Reason for m	oving out								J			
00	oposed ccupants:	Name					Name						
in	st all addition yourself	Name					Name						
		Name						Name					
ре	you have ts?	Describe					Do you h waterbed		Descri	be			
	w did you hear			?					•			***************************************	
Α.	Current Employer Name						Job Tit	Job Title or Position Dates of Er				f Employment	
	Employer add					Employ	Employer/Human Resources phone num			ne number	er		
	City, State, Zip						Name of your supervisor/human resources manager						
	rrent gross inco	ome		Check								0	
<u>\$</u> 3.	Prior Employe	r Name		Per 🗆 Wee	ek 🗖 Mon	th 🗆 Year		le or Pos	sition			Dates of	Employment
	Employer addr	ess	1 22 22 22 22 22 22 22 22 22 22 22 22 22							ces phor	ne number		7,77
	City, State, Zip					10000	() Name of your supervisor/human resources manager						
	ner income sou		-								ncy		
)(I)	er income sou					Amount	\$			Frequer	ncy		



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Name of your bank	Branch or address	Branch or address		
	Please list ALL of your financial obl	igations bolow		
Name of Creditor	Address		ne Number	Monthly Pymt. Amt.
		()		
		()		
		()		
		()		
		()		
		()		
In case of emergency, no	otify: Address: Street, City, St	ate, Zip	Relationship	Phone
1.		-	•	1000
2.				
		Lawy the C		
Personal References	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
1.				
2.				
utomobile: Make:	Model:	Year:	License #:	
	Model:			
			2.001.00 //	
	? Have you ever been	aviata de la calenda		
	elling, distributing or manufacturing illegal drugs?			
reports, unlawful detainer (evic	e above statements are true and correct, authonces upon request. Applicant authorizes the Oction) reports, bad check searches, social secut history. Applicant consents to allow Owner/	wner/Agent to obta	ain reports that n	nay include credit
Owner/Agent will require a paymo	ent of \$, which is to be use	nd to scroon Applican	5 4	
		d to screen Applicar	и.	
The amount charged is itemized at 1. Actual cost of credit report, 2. Cost to obtain, process and 3. Total fee charged \$	unlawful detainer (eviction) search, and/or other so verify screening information (may include staff time	creening reports \$ ie and other soft cos	ts) \$	
	rent the premises designated as:			
Apt. No Located at				
he rent for which is \$	per Upon approval of this appli ncluding required security deposit of \$	ication and avacutio	n of a vental/lass.	agreement, the
Date	Annlinant	(cignoture version	J\	
	Applicant	(signature required	a)	



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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.





EMPLOYMENT VERIFICATION FORM

 This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer 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. <u>Copies of this form and of the Applicant's signature are acceptable.</u>
 The Applicant may be contacted to verify the authenticity of this request. <u>Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)</u>

TO BE COMPLETED BY APPLICANT

1. Authorization by rental Applicant for the release of					
I hereby authorize the release of the information requeste I hereby acknowledge that the Owner/Agent can make requested.	d on this Employment copies of this exec	nt Verification R cuted page in o	equest to the O order to obtain	wner/Agent lister the information	d below. 1
Name	Phone nu	umber ()		
Signature					
TO BE CON 2. Person requesting the employment reference	IPLETED BY OWNE	R/AGENT			
Name of Owner/Agent					
Address				Unit#	
City					
Phone number ()					
3. Applicant's employment information: ☐ Present OR ☐ Prior Occupation (check one)					
Employer Name					
Employer Address					
City			Zip		
Supervisor's/HR Manager's Name					
Beginning and Ending Dates of Employment		***			
Current Gross Income (if applicable) \$					
TO BE VERIFIED BY	CURRENT OR FOR	MER EMPLOY	'ER		
4. Employment information verification		Verification	provided by:		
Is the information provided in Section 3 above correct?		Name:			
Employer Name	☐ Yes ☐ No				
Employer Address	☐ Yes ☐ No				
Supervisor's/HR Manager's Name	☐ Yes ☐ No	Title:			
Employer/HR Phone Number	Yes No	ritie.			
Beginning and Ending Dates of Employment Current Gross Income (if applicable)	Yes No				
,	☐ Yes ☐ No	Phone: ()		
If No, please explain:		Verification of	btained by:		
		☐ Phone	□Mail	□Fax	
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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)

nereby acknowledg requested. Name Signature 2. Person requesting the resonance of Owner/Agent	of the informative that the Own	tion requested on this Rental Aner/Agent can make copies of the copies o	_ Phone number (_ _ Date NER/AGENT	Request to the Owner/A pe in order to obtain the	he informati d
nequested. Name Signature 2. Person requesting the resonance of Owner/Agent	ntal reference	TO BE COMPLETED BY OW	_ Phone number (_ _ Date NER/AGENT	ge in order to obtain ti	he informati d
2. Person requesting the real Name of Owner/Agent	ntal reference	TO BE COMPLETED BY OW	_ Date NER/AGENT		
2. Person requesting the real Name of Owner/Agent	ntal reference	TO BE COMPLETED BY OW	_ Date NER/AGENT		
Person requesting the rel Name of Owner/Agent	ntal reference	TO BE COMPLETED BY OW	NER/AGENT		
Name of Owner/Agent					
	•				
	•				
Address				Unit #_	
City					
Phone number ()					
3. Applicant's rental information Name of rental community (if an	ntion				
Address of rental unit				Unit#	
City					
Name of Owner/Agent					
Phone number ()					
Move-in date: Month	Year	Move-out date: Month	Year	or Ocurrent resid	dent
4. Rental reference information Did Applicant live at your proper If no, what were the dates of How many times during the past Was any check from Applicant red Did you ever file for an unlawful If yes, what was the result? Does Applicant owe any amount Did Applicant provide notice for each of the property of the provide of the provid	on ty during the performancy? It is a compancy? It is a compancy? It is a compancy is a compancy is a compancy is a compancy in the compancy in the compancy in the compancy is a compancy in the compan	From (month/year):	To (month/	year):/	G6 or more GYes GNo GYes GNo GYes GNo GYes GNo
nformation provided by: Name _ nformation obtained by: ☐ Phon	- 514-11 - 52		Phone number ()	



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