CALIFORNIA RENTAL APPLICATION

THIS APPLICATION IS FOR EQUAL HOUSING OPPORTUNITY

Location Requested :	
Applicant Information	
Full Name:	
Social Security #:	Drivers License/ I.D #:
Date of Birth:	Telephone #:
Financial Information	
Current Income Source:	Years:
Name of your bank institution:	
Emergency Contact Information	
Name: Number	: Relationship:
Name: Number	: Relationship:
Residential History	
Current Address:	
How long at current address: Reason for	r Leaving:
Landlord Name and Phone #:	
Previous Address:	
How long at that address: Reason for Le	eaving:
Questions	
Have you ever had an eviction filed on you?	Explain:
Have you ever broken a lease or have been aske	ed to move out? Explain:
release of any information the landlord may need to obtain a cred determine my eligibility. I understand that if any part of my applic eviction if discovered after moving into a property. I understand thold the home for my move in. I understand that my deposit is No application to hide information that could have caused my application.	
Signature:	Date:

PROGRAM RULES

Acknowledgements, Please initial each and sign Always keep keys with you. Doors may be locked at any given time and house mates asleep. No smoking inside the house. The garage is an exception given that there is proper ventilation and approved by individuals present in the space. Otherwise, smoke 15 ft away from doors and windows. Alcohol beverages consumption is discouraged, but not restricted. However, you will be held accountable for your conduct resulting from it. Drink Responsibly No illegal drug use or paraphernalia on property. If there is suspicion that you maybe under the influence of illegal drugs, you agree to a drug test. There is no health care or assistance provided on property. If you feel ill, you will check yourself in for medical assistance. If you are found by your house mates to be needing medical assistance, 911 will be called on your behalf at your expense. Refusal of such assistance or acting against medical advice may lead to your lease being terminated. Visiting hours are between 8 am and 8 pm. Visitors are not allowed to use or consume amenities provided for paying residents only. Visitors are limited to common areas only and not allowed overnight. Keep music and television sound to a minimum. If possible, use headphones. Ear plugs available for free upon request. Limit television shows to an hour in common areas if others are not interested. Clean up after yourself. Maintain proper hygiene and cleanliness of yourself and space. Products are included in your rent. There will be a walk through once a month to check your effort. No stealing. If it doesn't belong to you, ask permission. If you use it, take care of it, then return it promptly. Always lock your valuables. A safe will be provided upon request. Zero tolerance for violence or threats of violence. If there's a disagreement, remove yourself until tempers cool down. Understand that everyone is entitled to an opinion. No tampering with security cameras. It may result in an immediate eviction. If you see something, say something. Please notify management of any concerns, grievances, repairs or maintenance as soon as possible. **Disciplinary Actions** _____ 1st non-threatening offense – verbal warning 2nd non-threatening offense – written warning 3rd non-threatening offense – eviction with date based on the severity of the offense Signature: _____ Date: _____

Any Additional Information: