Dream Keepers Property Management

OFFICE 209 390 1305 FAX 209 390 1820

APPLICATION TO RENT
(all sections must be completed)
Individual applications required from each proposed occupant 18 years of age or older

APPLYING FOR:					
Apt No Located at _			Rent Amt	Per	
How did you hear about renta	?		Expected Mo	ove-in Date:	
Name:			Phone: (_)	
Last Social Security #:	First				
Social Security #.	Divers Lic ai	id Otale		_ Difficate	Month-Day-Year
LIST ALL ADDITIONAL OCC	UPANTS WHO WILL RE	SIDE IN UNIT			
Name:	Date of Birth:	Name:		Date	e of Birth;
Name:	Date of Birth:	Name:	 	Date	e of Birth:
RENTAL HISTORY 1. Current Address: Street					
Street How Long? From (Month/Year	-): To:	Unit # Re	City nt Paid:	State	Zip
Owner/Manager:					
2. Previous Address:			•		
Street How Long? From (Month/Year		Unit# Re	City nt Paid:	State	Zip
Owner/Manager:					
3. Second Previous Address: Street					
Street How Long? From (Month/Year	·): To:	Unit# Re	City nt Paid:	State	Zip
Owner/Manager:					
CURRENT EMPLOYMENT					
Company Name:		Address:		·	
Phone:	Occupation:		Monthly	Salary: \$	
Name of Supervisor:			ployment - From:		To:
PREVIOUS EMPLOYMENT		2 <u></u>			
Company Name:		Address:			
Phone:	Occupation:		Monthly	Salary: \$	
Name of Supervisor:		Dates of Em	ployment - From:		To:
ADDITIONAL INFORMATION 1. Have you ever had any cred 2. Have you ever had an unlaw 3. Have you ever been evicted 4. Have you ever filed for bank 5. Have you ever been convict 6. Do you have any pets? 7. Will you be using any water- 8. Have you ever used other no 9. Do you receive income othe Source:	lit problems?	you? ☐ Yes or for any other re No If yes: What _ low many? aquariums) in you If yes: How many ☐ No If yes: So	Describe: ur residence? /? List:	When _ ☐ Yes ☐ NoAmt:	

(Continued)

Name of Bank/S&L/C	ATION Credit Union:	F	Branch or Address: _				
				Approx. Bal.			
	Credit Union:						
	Approx. Bal.						
CREDIT REFERENCE	CES (Credit Cards/Car Payments/	Other Loans)					
Company Name:		Address/City:					
			ance: Monthly Payment:				
	Present						
Account #:	Present	Balance:	Monthly Payme	ent:			
PERSONAL REFER			• .				
Name	Address & City	Phone	Time Known	Relationship			
	-	()	KIOWII				
		()					
EMERGENCY CONT	•						
Name:	Addre	ess:		· · · · · · · · · · · · · · · · · · ·			
Relationship:		Phor					
, -	e Automobiles including Trucks						
			License#:State:				
· ·	Model:						
including, but not limit Owner/Agent is auth	that all of the above statement ited to, the obtaining of a credit rep orized to obtain a credit report, no Landlord to contact all persons o this Application.	oort, and agrees to fur ow and in the future,	nish additional credit as evidenced by sig	references on request. Ining below. Applicant			
myself including con- character, work habit employers. I unders public and private, who	y application for rental and/or emp sumer, criminal, driving and other s, performance and experience alo tand that information will be reque hich maintain records concerning n as claims involving me in insurance	reports. Employmening with reasons for telested from various fed my past activities relati	t reports may include rmination of past emp eral, state and other	e information as to my ployment from previous agencies and entities,			
the above mentioned	eservation, any party or agency cor I information and any other inform nless all requesters and suppliers o	ation related thereto.	Further, I will releas	imitation, any and all of e from liability and wili			
question or give fa offense. We may a regarding your performance.	your statements on this Applicates information, we will reject that any time furnish information to rmance of your legal obligations, it is a contract, the rules and finance.	the application. Giv consumer reporting a including both favorab	ving false information agencies and other	n is a serious criminal rental housing owners			
Date:							
		Applicant	•				





