

# APPLICATION TO RENT

All sections must be completed

Tenant  Guarantor

<b>Primary Applicant</b>					
First Name		Middle Name		Last Name	
Other names used in the last 10 years					
Work Phone Number			Home Phone Number		
E-mail address			Mobile Phone Number		
Social Security Number or ITIN				Date of birth	
Photo ID/Type		Number		Issuing Government	
				Exp Date	
Current Employer Name			Job Title or Position		
Dates of Employment			Employer phone number		
Employer Address			Name of your Supervisor		
Current Gross Income \$ <span style="float: right;"><i>Check one</i> Per <input type="checkbox"/>Week <input type="checkbox"/>Month <input type="checkbox"/>Year</span>					
Do you smoke?		Have you ever been convicted of selling, distributing or manufacturing illegal drugs?			
Have you ever:		Filed for bankruptcy?	Been sued?	Been evicted?	Been convicted of a crime?
Explain any "yes" listed above:					
<b>Secondary Applicant</b>					
First Name		Middle Name		Last Name	
Other names used in the last 10 years					
Work Phone Number			Home Phone Number		
E-mail address			Mobile Phone Number		
Social Security Number or ITIN				Date of birth	
Photo ID/Type		Number		Issuing Government	
				Exp Date	
Current Employer Name			Job Title or Position		
Dates of Employment			Employer phone number		
Employer Address			Name of your Supervisor		
Current Gross Income \$ <span style="float: right;"><i>Check one</i> Per <input type="checkbox"/>Week <input type="checkbox"/>Month <input type="checkbox"/>Year</span>					
Do you smoke?		Have you ever been convicted of selling, distributing or manufacturing illegal drugs?			
Have you ever:		Filed for bankruptcy?	Been sued?	Been evicted?	Been convicted of a crime?
Explain any "yes" listed above:					
Other income source			Amount \$		Frequency
Other income source			Amount \$		Frequency
Other income source			Amount \$		Frequency

Additional Occupant Name	DOB	SSN
Additional Occupant Name	DOB	SSN
Additional Occupant Name	DOB	SSN
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Additional Occupant Name	DOB	SSN
Additional Occupant Name	DOB	SSN
Additional Occupant Name	DOB	SSN

Present address	City	State	Zip
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Date in	Date out	Owner/Agent Name	Phone #
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Reason for Moving	Monthly Rent
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Previous address	City	State	Zip
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Date in	Date out	Owner/Agent Name	Phone #
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Reason for Moving	Monthly Rent
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Do you have Pets?	Describe	Do you have a waterbed?
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Name of your bank	Account Number
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Branch or address
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Name of your bank	Account Number
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Branch or address
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Please list ALL of your financial obligations below.

Name of Creditor	Address	Phone Number	Monthly Payment Amount

In case of emergency, notify Name:	Phone #
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Address	Relationship
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In case of emergency, notify Name:	Phone #
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Address	Relationship
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Personal Reference Name:	Phone #
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Address	Length of Acquaintance
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Personal Reference Name:			Phone #
Address			Length of Acquaintance
Automobile Make	Model	year	license #
Automobile Make	Model	year	license #
Automobile Make	Model	year	license #
Automobile Make	Model	year	license #
Other motor vehicles			

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 verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owner/Agents. If this application is accepted Applicant agrees to execute the residential lease or rental agreement as set forth. Applicant understands that the Owner/Agent may terminate any rental agreement entered into for any misrepresentations made above.

The undersigned is applying to rent the premises designated as \_\_\_\_\_

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

Primary Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Fax to (408) 866-7371

**Please Include:**

- Application, one per adult over 18 years of age
- Photo Identification for each adult over 18 years of age
- Credit report (all pages) for each adult over 18 years of age
- Two most recent paycheck stubs