# **APPLICATION TO RENT**

(All sections Last Name	must be	complet	ed) First Name		al application	ons ree Middle I		d from			nt 18 years rity Number		
Other names used in the last 10 years Work phone num			k phone numb	ber	r Home phone number								
Date of birth			E-mail addre	ess	)				Mobile	/Cell	phone numb	er	
Photo ID/Type		Numbe	r	1:	ssuing govern	nment		Exp. d	ate	)	Other ID		
1. Present add	ress					City			St	ate	Z	ip	
Date in Date out Landlord N			ame					Lan	dlord phone	numb	er		
Reason for I	moving o	ut							Curren \$	t rent	/Month		
2. Previous ad	dress					City				ate		i ip	
Date in		Date out		Landlord N	ame					Lan	dlord phone	numb	ər
Reason for I	moving o	ut							Rent a	at mov		L-	
3. Next previou	us addres	S					С	ity	<b>Þ</b>		/Mont State	n	Zip
Date in		Date out		Landlord N	ame					Lan	dlord phone	numb	ər
Reason for	moving o	l ut							Rent a	at mov			
Proposed	Name						Name	;	\$		/Mont	'n	
occupants: ist all Name							Name	)					
n addition to yourself	Name						Name	;					
Do you have	Descri	be				Do you ł		D	escribe				
oets? How did you he	ar about	this renta	1?		V	waterbe	u <i>?</i>						
A. Current Emp	oloyer Na	ime				Job Ti	itle or F	Position			Da	tes of	Employment
Employer ad	dress					Emplo	yer/Hu	uman Re	esources p	hone	number		
City, State, 2	Zip					( Name	) of you	ir super	visor/huma	n res	ources mana	ager	
Current gross ir	ncome		Checl	k one									
\$			Per 🗖 We	eek 🗖 Mor	nth 🗖 Year								
B. Prior Employ		9						Position				tes of	Employment
Employer address				Employer/Human Resources phone number ( )									
City, State, 2	Zip					Name	of you	ir super	visor/huma	n res	ources mana	ager	
Other income s	ource				Amount	\$			Freq	uenc	у		
Other income s	ource				Amount	\$			Freq	uenc	у		
California Apartment Association	ww Fo	w.caanet.			roved Form – All Rights F	Reserve			orized R nk Form		oduction Illegal.	1	

### Please list ALL of your financial obligations below.

Name of Creditor	Address	Phone Number	Monthly Pmt. Amt.
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	

In case of emergency, notify:	Address: Street, City, State, Zip	Relationship	Phone
1.			
2			
£.			

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
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 evicte	ed or asked to mov	e?







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

Landlord does <u>not</u> intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, Landlord 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, Landlord agrees to send the report to Applicant within three (3) business days of the date the report is provided to Landlord. Landlord 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 Landlord 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 Landlord to disclose tenancy information to previous or subsequent Landlords.

Landlord will require a payment of \$\_\_\_\_\_, which is to be used to screen Applicant.

<ul><li>The amount charged is itemized as follows:</li><li>1. Actual cost of credit report, unlawful detainer (e</li></ul>	eviction) search, and/or other screening reports	\$
2. Cost to obtain, process and verify screening inf	ormation (may include staff time and other soft costs)	\$
3. Total fee charged		\$
The undersigned Applicant is applying to rent the pre	emises designated as:	
Apt. No Located at		
The rent for which is \$ per	Upon approval of this application, and execution o	of a rental/lease agreement, the
applicant shall pay all sums due, including required s	security deposit of \$, before occupar	ncy.

Date

Applicant (signature required)







# RECEIPT FOR TENANT SCREENING AND/OR CREDIT CHECKING FEES

On \_\_\_\_\_, Landlord received \$\_\_\_\_\_ from the undersigned, hereinafter called "Applicant,"

## who offers to rent from Landlord the premises located at:

	, Un	it # (if applicable)
(Street Address)		· · · · · ·
(City)	, CA	
Payment is to be	used to screen "Applicant". The amount charged is itemized as follows:	
1. Actual cost of	\$	
2. Cost to obtain	\$	
3. Total fee char	\$	
	For Landlord Use Only         Screening fees paid by:       Cash       Personal Check       Cashier's Check       Money Order         Credit Card # (Last 4 digits only)       MC/VISA/AMEX Expiration Date:       MC/VISA/AMEX Expiration Date:	
Landlord	,,,,	Agent for Landlord able)

Date

# 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.



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