

# APPLICATION TO RENT

Tenant  
 Guarantor

(All sections must be completed) **Individual applications required from each occupant 18 years of age or older.**

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other names used in the last 10 years				Work phone number ( )		Home phone number ( )	
Date of birth		E-mail address				Mobile/Cell phone number ( )	
Photo ID/Type		Number		Issuing government		Exp. date	Other ID
1.	Present address			City		State	Zip
	Date in	Date out	Owner/Agent Name			Owner/Agent Phone number	
	Reason for moving					Current rent \$ /Month	
2.	Previous address			City		State	Zip
	Date in	Date out	Owner/Agent Name			Owner/Agent Phone number	
	Reason for moving						
3.	Next previous address			City		State	Zip
	Date in	Date out	Owner/Agent Name			Owner/Agent Phone number	
	Reason for moving						
Proposed Occupants: List all in addition to yourself	Name			Name			
	Name			Name			
	Name			Name			
Will you have pets?	Describe			Will you have a waterbed?		Describe	
How did you hear about this rental?							
A.	Present occupation or source of income			Employer name			
	Dates of employment		Supervisor's phone number ( )		Employer address		
	Name of your supervisor			City, State, Zip			
B.	Prior occupation			Employer name			
	Dates of employment		Supervisor's phone number ( )		Employer address		
	Name of your supervisor			City, State, Zip			
Current gross income \$ Per		Check one <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year					
Other income source _____ Amount \$ _____ Frequency _____							
Other income source _____ Amount \$ _____ Frequency _____							



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Name of your bank	Branch or address	Account Number

Please list ALL of your financial obligations below.

Name of Creditor	Address	Phone Number	Monthly Pymt. 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 evicted or asked to move? \_\_\_\_\_

Have you ever been convicted of selling, distributing or manufacturing illegal drugs? \_\_\_\_\_

**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 number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Owner/ Agent to disclose tenancy information to previous or subsequent Owners/Agents.**

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

The amount charged is itemized as follows:

1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$ \_\_\_\_\_
2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$ \_\_\_\_\_
3. Total fee charged \$ \_\_\_\_\_

The undersigned is applying to rent the premises designated as:

Apt. No. \_\_\_\_\_ Located at \_\_\_\_\_

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.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Applicant (signature required)**



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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.

## RECEIPT FOR TENANT SCREENING AND/OR CREDIT CHECKING FEES

On \_\_\_\_\_, Owner/Agent received \$ \_\_\_\_\_ from the undersigned, hereinafter called "Applicant,"  
(Date)  
who offers to rent from Owner/Agent the premises located at:

\_\_\_\_\_, Unit # (if applicable) \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_, CA \_\_\_\_\_  
(City) (Zip)

**Applicant represents that all the above statements are true and correct and 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 number verification, fraud warnings, previous tenant history and employment history.**

Payment is to be used to screen "Applicant". The amount charged is itemized as follows:

1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$ \_\_\_\_\_
2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$ \_\_\_\_\_
3. Total fee charged (cannot exceed the amount fixed by law) \$ \_\_\_\_\_

\_\_\_\_\_  
Date Applicant  
\_\_\_\_\_  
Date Owner/Agent

<p><b>For Owner/Agent Use Only</b> Screening fees paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card # (Last 4 digits only) _____ MC/VISA/AMEX Expiration Date: _____</p>
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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 2. Copies of this form and of the Applicant's signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

## 1. Person requesting the rental reference

Name of Owner/Agent \_\_\_\_\_  
Address \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

## 2. Authorization by rental Applicant for the release of information

*I hereby authorize the release of the information requested on this Rental Applicant Reference Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.*

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## 3. Applicant's rental information

Name of rental community (if any) \_\_\_\_\_  
Address of rental unit \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Owner/Agent \_\_\_\_\_  
Phone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_  
Move-in date: Month \_\_\_\_\_ Year \_\_\_\_\_ Move-out date: Month \_\_\_\_\_ Year \_\_\_\_\_ or  current resident

## 4. Rental reference information provided by former or current Owner/Agent

Did Applicant live at your property during the period indicated above? .....  Yes  No  
If no, what were the dates of occupancy? From (month/year): \_\_\_\_\_ / \_\_\_\_\_ To (month/year): \_\_\_\_\_ / \_\_\_\_\_  
How many times during the past 12 months did Applicant pay the rent late? .....  0  1-2  3-5  6 or more  
Was any check from Applicant returned due to non-sufficient funds (NSF)? .....  Yes  No  
Did you ever file for an unlawful detainer against Applicant for unpaid rent? .....  Yes  No  
If yes, what was the result? \_\_\_\_\_

Does Applicant owe any amount for delinquent rent, utilities or damage to unit? .....  Yes  No  
Did Applicant provide notice for ending tenancy according to the terms of the rental agreement? .....  Yes  No  
 Not applicable because Applicant still resides at unit  
Did you ever serve a Three Day Notice to Applicant .....  Yes  No  
If yes, please explain: \_\_\_\_\_

Information provided by: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
Information obtained by:  Phone  Mail  Fax

**Please mail or fax this form to the person listed in section 1 as soon as possible (within 24-48 hours)**



\_\_\_\_\_

# 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 2. Copies of this form and of the Applicant's signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

## 1. Person requesting the employment reference

Name of Owner/Agent \_\_\_\_\_  
Address \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

## 2. Authorization by rental Applicant for the release of information

*I hereby authorize the release of the information requested on this Employment Verification Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.*

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## 3. Applicant's employment information:

Present **OR**  Prior Occupation (check one)

Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name and Phone Number \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
Beginning and Ending Dates of Employment \_\_\_\_\_  
Current Gross Income (if applicable) \$ \_\_\_\_\_

## 4. Employment information verified by former or current Employer

Is the information provided in Section 3 above correct?

<input type="checkbox"/> Present	<input type="checkbox"/> Prior Occupation (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Name		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Address		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor's Name and Phone Number		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beginning and Ending Dates of Employment		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Gross Income (if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If No, please explain: \_\_\_\_\_

**Please mail or fax this form to the person listed in section 1 as soon as possible (within 24-48 hours)**

