□Tenant
- Guarantor

Name of Applicant:	
reamo or replicant.	

## **APPLICATION TO RENT**

1	illust be	completed)	Individ	ual application	ons re	quired	l from eac	ch occu	pant 18 ye	ears of a	age or older.
Last Name		First Nan	ne		Middle <sup>1</sup>	Name		Social S	ecurity Num	ber or IT	IN
Other names (	used in the	last 10 years	Wo	ork phone numb )	ber			Home pl	none numbe	ər	
Date of birth		E-mail add	ress					Mobile/C	Cell phone n	umber	
Photo ID/Type		Number		Issuing govern	ment		Exp. date		Other ID		
1. Present ad	dress				City		I.	Sta	te	Zip	
Date in		Date out	Landlord	Name					Landlord ph	one numl	ber
Reason for	moving o	ut		11-2-2				Current		1onth	
2. Previous a	ddress				City			Sta		Zip	
Date in		Date out	Landlord I	Name				l	_andlord ph	one numb	per
Reason for	moving o	ut						Rent at	move-out	4	
Next previous	us addres	S				Cit	ty	Ф	State	Month	Zip
Date in		Date out	Landlord N	Name				L	andlord ph	one numb	per
Reason for	moving or	ut							move-out		
Proposed	Name					Name		\$	/\	/lonth	
Occupants: List all	Name					Name					
in addition	Ivanie					Ivanie					
to yourself	Name					Name					
Are you a ser			No								
Do you have pets?	Descril				o you h aterbec		Descr	ibe			
How did you he	ear about 1	his rental?									
A. Current Em	ployer Nai	me			Job Tit	le or Po	osition			Dates of	Employment
Employer a	ddress				Employ	yer/Hur	man Resou	rces pho	ne number		
City, State,	Zip				Name	of your	supervisor	/human	resources m	nanager	
Current gross i	ncome	Chec	ck one								
\$			eek □ Mo	nth ☐ Year							
B. Prior Emplo	yer Name				Job Tit	le or Po	osition			Dates of	Employment
Employer a	ddress				Employ	yer/Hur )	nan Resou	rces pho	ne number		
City, State,	Zip				Name	of your	supervisor	/human i	resources m	nanager	
Other income s	ource			Amount \$	S			_ Freque	ncy		
Other income s	ource			Amount \$				_			





□Tenant	
<del>□Guaranto</del> r	

Name of Applicant:	

Name of your bank	Branch or address	Account Number	Type of Aect

	Please list ALL of your financial obligation	ns below.	
Name of Creditor	Address	Phone Number	Monthly Pmt.
			Amt.
		( )	
X	X	( )	X
		,	

In case of emergency, notify:	Address: Street, City, State, Zip	Relationship	Phone

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
•				

Automobile: Make:	Model:	Year:	License #:	
Automobile: Make:	Model:	Year:	License #:	
Other motor vehicles:				
Have you ever filed for hankruntov?	Hava yay ayar baan	avioted or calcad t		



□Tenant
<b>Guarantor</b>

Name of Applicant:	

## 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:

	TRANS UNION	
Name of Agency		
	P.O. BOX 390 SPRINGFIELD, PA. 19064	
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 \$	35.00 , which is to be used to screen Applicant.	
•	ows:  ful detainer (eviction) search, and/or other screening reports  screening information (may include staff time and other soft costs)	\$_10.75 \$_24.25 \$_35.00
The undersigned Applicant is applying t	to rent the premises designated as:	
Apt. No Located at		
The rent for which is \$ pe	er Upon approval of this application, and execution	of a rental/lease agreement, the
applicant shall pay all sums due, includi	ling required security deposit of \$, before occupa	ancy.
<b>∠</b> Date	Applicant (signature required)	

