

APPLICATION TO RENT

Tenant
 Guarantor

(all sections must be completed)

Individual applications required from each occupant 18 years of age or older.

| | | | | | | | |
|---|--|------------------------------|--|---|--|---|----------|
| LAST NAME | | FIRSTNAME | | MIDDLENAME | | SOCIAL SECURITY NUMBER | |
| OTHER NAMES USED IN THE LAST 10 YEARS | | | | WORK PHONE NUMBER | | HOME PHONE NUMBER () | |
| DATE OF BIRTH | | EMAIL | | | | MOBILE/CELL PHONE NUMBER () | |
| DRIVER'S LICENSE NO. | | EXPIRATION | | STATE | | OTHER ID | |
| 1 PRESENT ADDRESS | | | | CITY | | STATE ZIP CODE | |
| DATE IN | | DATE OUT | | OWNER/AGENT NAME | | OWNER/AGENT PHONE NO. () | |
| REASON FOR MOVING | | | | | | CURRENT RENT \$ / Month | |
| 2 PREVIOUS ADDRESS | | | | CITY | | STATE ZIP CODE | |
| DATE IN | | DATE OUT | | OWNER/AGENT NAME | | OWNER/AGENT PHONE NO. () | |
| REASON FOR MOVING | | | | | | | |
| 3 NEXT PREVIOUS ADDRESS | | | | CITY | | STATE ZIP CODE | |
| DATE IN | | DATE OUT | | OWNER/AGENT NAME | | OWNER/AGENT PHONE NO. () | |
| REASON FOR MOVING | | | | | | | |
| PROPOSED OCCUPANTS | | NAME | | | NAME | | |
| LIST ALL IN ADDITION TO YOURSELF | | | | | | | |
| WILL YOU have pets? | | DESCRIBE | | | WILL YOU HAVE liquid-filled furniture? | | DESCRIBE |
| <input type="checkbox"/> am <input type="checkbox"/> am not a member of the Armed Forces (including the National Guard and Reserves). | | | | | | | |
| A Present occupation or source of income | | | | Employer name | | | |
| How long with this employer | | Supervisor's Phone # () | | Employer address | | | |
| Name of your supervisor | | | | City, State ZIP | | | |
| B Prior occupation | | | | Employer name | | | |
| How long with this employer | | Supervisor's Phone # () | | 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 | | Please list ALL of your financial obligations below and on following page | |
| Name of your bank | | | | Branch or Address | | | |
| | | | | | | | |
| | | | | | | | |



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| Name of Creditor | Address | Phone Number | Monthly Pymt. Amt. | |
|-------------------------------|-----------------------------------|------------------------|--------------------|-------|
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| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| In case of emergency, notify: | Address: Street, City, State, Zip | Relationship | phone | |
| 1. | | | | |
| | | | | |
| Personal References: | Address: Street, City, State, Zip | Length of Acquaintance | Occupation | Phone |
| | | | | |
| 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 and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. 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 with respect to credit history and other background information. 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 month. 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)

CAI-FORMA 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 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.



California Apartment Association Approved Form
www.caanet.org
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