

# Rental Application

1991 Village Park Way Suite #190 Encinitas, Ca. 92024

P.O. Box 234266 Leucadia, Ca. 92023

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Office Hours: 9am-5pm, Monday-Friday PST

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

(All sections must be completed)

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## Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Driver's License or ID Number \_\_\_\_\_  
State \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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## Spouse's Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Driver's License or ID Number \_\_\_\_\_  
State \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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Present Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Owner/Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

Date in \_\_\_\_\_ Date out \_\_\_\_\_

Reason for moving:

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Previous Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Owner/Manager Phone \_\_\_\_\_

Name \_\_\_\_\_

Date  
in \_\_\_\_\_

Date  
out \_\_\_\_\_

Reason for moving:

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### **Proposed Occupants**

(List all including yourself)

Name	Age	Relationship to Applicant
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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### **Employment History**

**Present**  
Employer \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
How long with this employer? \_\_\_\_\_

**Occupation** \_\_\_\_\_  
**Phone**  
**No.** \_\_\_\_\_

**Previous**  
Employer \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
How long with this employer? \_\_\_\_\_

**Occupation** \_\_\_\_\_  
**Phone**  
**No.** \_\_\_\_\_

### **Spouse's Information**

**Present**  
Employer \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
How long with this employer? \_\_\_\_\_

**Occupation** \_\_\_\_\_  
**Phone**  
**No.** \_\_\_\_\_

**Previous**  
Employer \_\_\_\_\_  
**Occupation** \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_  
How long with this employer? \_\_\_\_\_

**Income/Financial Information**

Gross Income (Include whole household, general assistance, SSI/SSD, Unemployment, etc.)

<u>Income</u>	<u>Wk.</u>	<u>Mo.</u>	<u>Yr.</u>
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
			Total= _____

Name of Your Bank \_\_\_\_\_  
Branch or Address \_\_\_\_\_

**Account Numbers**

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Name of Creditor	Address	Phone No.	Monthly Payment	Balance
1.				
2.				
3.				
4.				

**Personal References**

Name	Address	Phone Number	Length of Acquaintance	Relationship
1.				
2.				

In Case of Emergency, Notify	Address	Phone	Relationship
1.			
2.			

**Automobiles**

Make	Model	Year	License Number
1.			
2.			
3.			
4.			

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Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been asked to move? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

Will you have pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe:

Will you have liquid filled furniture? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe:

Have you or any other member of the applicant's household had any experience with recent use, sale or possession of illegal drugs/substances (within the last four years)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

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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. The undersigned makes application to rent housing accommodations designated as:

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

the rental for which is \$ \_\_\_\_\_ per \_\_\_\_\_ and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required deposits, before occupancy.

Dated: \_\_\_\_\_ 20\_\_ Applicant Signature: \_\_\_\_\_

This application becomes invalid after six months from the date of credit check.