

Camino De La Sierra Rental Application

A \$ _____ non-refundable application fee is required for investigation.

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and sign where indicated.

PERSONAL

APPLICANT _____

MARITAL STATUS: Single Married since (date) _____ Divorced since (date) _____ Former Spouse _____

BIRTH DATE: _____ SS# _____ DRIVERS LICENSE State Issued by _____ # _____

ADDRESSES

Present Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone (____) _____

Landlord Address _____ City/State/Zip _____ Phone (____) _____

Is present rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

Previous Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone (____) _____

Landlord Address _____ City/State/Zip _____ Phone (____) _____

Was rent up to date? Yes No Had you given notice? Yes No Had you been asked to leave? Yes No

Next Previous Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone (____) _____

Next Previous Landlord Address _____ City/State/Zip _____ Phone (____) _____

Was rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

OCCUPANTS

Number to occupy _____

NAME	RELATIONSHIP	BIRTH DATE

PETS: Yes No If yes, give details (number, type & size)

CARS

Make/Model/color #1 _____ State _____ License Plate #1 _____ Lien Holder #1 _____

Make/Model/color #2 _____ State _____ License Plate #2 _____ Lien Holder #2 _____

EMPLOYMENT

EMPLOYER _____ Since _____ PREVIOUS EMPLOYER _____ Since _____

Street/City _____ Street/City _____

What do you do? _____ What did you do? _____

Supervisor _____ Wrk Hrs. _____ Phone (____) _____ Supervisor _____ Wrk Hrs. _____ Phone (____) _____



INCOME

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Bank/Credit Union _____ Acct.# _____ Bank/Credit Union _____ Acct.# _____

REFERENCE

Relative _____ Relation _____ Non-Relative
Address _____ Phone (____) _____ Reference _____ Phone (____) _____
Address _____ Phone (____) _____ Address _____
Non-Relative Emergency
Reference _____ Phone (____) _____ Contact _____ Phone (____) _____

CREDIT ACCOUNTS

CREDITORS NAME	ADDRESS	ACCOUNT #	PAYMENT CURRENT
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any "YES" answers on back with names and details.

Has any signer ever been sued for bills? Yes No Has any signer ever been sued for eviction? Yes No
Has any signer ever been bankrupt? Yes No Has any signer ever been guilty of a felony? Yes No
Has any signer ever broken a lease? Yes No Is the total move-in amount available now (rent and deposit)? Yes No
Name in which utilities are now billed and account number _____ # _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____
APPLICANT DATE

**DO NOT WRITE BELOW THIS LINE
THIS SECTION TO BE COMPLETED BY INTERVIEWER**

Credit Report: (Favorable/Unfavorable) By: _____

Other Comments: _____

Deposit: _____ Option _____ Monthly Rent _____
Unit Applied For: _____

Terms of Lease _____ Months _____
Move-in Date _____ Lease Expires _____ Num. Keys _____
Total Number of Occupants _____
Separate Pet Deposit _____
Utilities to be paid by tenants Gas Electric Water

If you have a question about the interpretation or legality of this form please consult an attorney or other qualified person.

