

**APPLICATION REQUIREMENTS & RENTAL POLICY:**

**APPLICATION REQUIREMENTS:**

1. Picture ID (Driver's License or State issued identification) and Social Security Card
2. At least one (2) months of recent pay stubs/proof of income
3. **Non-Refundable Application Fee: \$30.00 per adult (age 18+)**
4. Application fee: paid in cash, cashier's check or money orders (**no personal checks accepted**).
5. Self-employed income (last year's business tax return and/or year to date P&L (income Statement).

**APPLICANT:** All persons 18 years and older are required to fill out an application (two per application).

**AGE:** Prospective resident(s) must be 18 years of age or older.

**HOUSEHOLD:** Household size limited to two (2) persons per bedroom.

**INCOME:** Monthly gross income (total before taxes) should be at least three (3) times the amount of rent.

**EMPLOYMENT:** If employed for less than one (1) year, we will also need to verify your previous employment.

**PREVIOUS RESIDENCE:** A payment history, no less than six (6) months, of timely payments at the same location, or at least two (2) previous addresses.

**RENT:** Rent is due and payable in full by the first of the month.

**CASH:** We do **NOT** accept cash for security deposits, rent, late fees, etc.

**MOVE IN:** First month rent plus security deposit must be **PAID IN FULL** prior to move in. Money Order or Cashier's check is the only acceptable form of payment for the holding deposit and initial move in charges. After the initial move in, personal checks will be accepted.

**PETS:** No dogs, cats, birds, reptiles, rodents, and/or exotic animals are permitted unless authorized in advance by owner/management in writing. Additional deposit will be required for **OUTDOOR ONLY PETS** based on size and type of animal. **PITBULLS or any mixed breed dog that is part PITBULL are not permitted on the premises under any circumstances.**

**SMOKING:** NO SMOKING is allowed inside the unit/house and the premises.

**RENTERS LIABILITY INSURANCE: Is REQUIRED** on all properties with a **minimum of \$100,000.00** in coverage (policy must also include personal property coverage). Proof of policy must be submitted no later than **five (5)** days prior to move in date. Failure to obtain the correct policy in the specified time frame may result in loss of rental. (Please do not obtain policy until you have been approved for a property)

We will access and verify you employers, rental history and credit standing through Tenant Screening (TSC, Inc.).

**Rental applications may be denied for the following reasons:**

1. False information on the application
2. Incomplete or unsigned rental application
3. Credit report contains collections, bankruptcies, judgments or liens
4. Two or more sixty (60) day delinquencies on credit report
5. Any current disputes with landlords or prior evictions
6. Unfavorable rental references
7. Unable to verify income or employment
8. Threatening or abusive language or behavior towards staff during application process in an automatic disqualification.

Applicant Names: (Age 18+)	Contact Phone Number:	Date:
1.		
2.		

**Application for Rental Property Address:**

**RENTAL APPLICATION**

*Important: All information must be completed in its entirety. Please print clearly and legibly to ensure accurate and timely processing:*

Address/Unit Applying For: \_\_\_\_\_

**Applicant #1**

\_\_\_\_\_  
Last First Middle Suff.  
Any other name(s) used: \_\_\_\_\_  
Home No: ( ) \_\_\_\_\_  
Cell No: ( ) \_\_\_\_\_  
Work No: ( ) \_\_\_\_\_

\_\_\_\_\_  
Social Security # Date of Birth Age DL & ID#

**Applicant #2**

\_\_\_\_\_  
Last First Middle Suff.  
Any other name(s) used: \_\_\_\_\_  
Home No: ( ) \_\_\_\_\_  
Cell No: ( ) \_\_\_\_\_  
Work No: ( ) \_\_\_\_\_

\_\_\_\_\_  
Social Security # Date of Birth Age DL & ID#

**ADDRESS:**

**Current Address**

\_\_\_\_\_  
Street City State Zip  
 Own  Rent  
\_\_\_\_\_  
Landlord's Name Phone #  
\_\_\_\_\_  
Reason for leaving Move In Date Move Out Date \$ Mortgage/Rent

**Current Address**

\_\_\_\_\_  
Street City State Zip  
 Own  Rent  
\_\_\_\_\_  
Landlord's Name Phone #  
\_\_\_\_\_  
Reason for leaving Move In Date Move Out Date \$ Mortgage/Rent

**EMPLOYER:**

Applicant # 1

\_\_\_\_\_  
Employer Phone # Fax #  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Position Hire Date Salary Hourly / Mo  
circle one

**EMPLOYER:**  
 Applicant # 2

Employer	Phone #	Fax #	
Address	City	State	Zip
Position	Hire Date	Salary	Hourly / Mo circle one

**GENERAL INFORMATION**

<b>Automobile 1:</b>	Year	Make/Model	Color:	License#
<b>Automobile 2:</b>	Year	Make/Model	Color:	License#

**PERSONAL REFERENCES:**

1. Name:	Address:	Phone:
2. Name:	Address:	Phone:
3. Name:	Address:	Phone:

**ADDITIONAL OCCUPANTS INFORMATION:**

1. Name:	Relationship:	Age:	Date of Birth:
2. Name:	Relationship:	Age:	Date of Birth:
3. Name:	Relationship:	Age:	Date of Birth:
4. Name:	Relationship:	Age:	Date of Birth:
5. Name:	Relationship:	Age:	Date of Birth:
6. Name:	Relationship:	Age:	Date of Birth:

**NEAREST RELATIVES:**

Name	Address:
Relationship	Phone No:

Name	Address:
Relationship	Phone No:

**Have you ever been a party to an eviction?**     Yes     No

**Have you ever filed bankruptcy?**     Yes     No

**Have you ever been convicted of a Crime?**     Yes     No

**If Yes, please explain on the back of the application.**

Do you have any Credit Cards?  Yes  No Total Balance Due \$ \_\_\_\_\_

Do you have any Loans?  Yes  No Total Balance Due \$ \_\_\_\_\_

Do you have any PETS?  Yes  No

Type/Breed : \_\_\_\_\_ Size/weight: \_\_\_\_\_

**OTHER INCOME** (Social Security, Retirement, Self Employed..etc)

Type of Income: (Source)	
Person Receiving Income:	
Pay Dates:	( ) Monthly ( ) Bi-weekly ( ) Weekly
Amount of Income: \$	

*You do not have to list income from Alimony, Child Support unless you want us to consider it a factor.*

**SELF EMPLOYED**  Yes  No

*If you are self-employed please include your most recent business tax return (Form1040) and a copy of your business license.*

Business Name:	
Type of Business:	
Name of Owner:	
How long in business?	
Monthly Income: \$	

## AUTHORIZATION

In connection with my rental application, I authorize **Certified Realtors**, (the "Landlord or Property Management Company") to obtain a "consumer report" (background report) about me. The background check company who will be conducting such checks is **Tenant Screening Center, Inc.**, 6570 Oakmont Drive, Suite B, Santa Rosa, CA 95409, toll-free phone: 1-800-523-2381, [www.tsci.com](http://www.tsci.com).

I acknowledge the background report may contain information concerning my character, general reputation, personal characteristics, mode of living, and credit history/standing. The types of information that may be obtained include, but are not limited to: social security number verification, criminal records check, verification of previous and current landlords, verification of employment, and credit reports.

Selection criteria that may result in denial of my rental application includes: criminal history; previous rental history; credit history; or failure to provide accurate or complete information on the application form.

I agree the Landlord or Property Management Company may rely on this form to obtain background reports throughout my tenancy without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

**Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provide inaccurate or incomplete information, your application may be rejected and your application fee will not be refunded.**

California Applicants Only: Check this box if you would like a free copy of your background check report:

Washington State applicants: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date (Month/Day/Year)*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date (Month/Day/Year)*

\_\_\_\_\_  
Print Name

If requested ONLINE please indicate the File(s) #  
\_\_\_\_\_

### LANDLORD REFERENCE

TO: Prior/Present Complex: \_\_\_\_\_  
Address: \_\_\_\_\_

RE: Applicant(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, Hereby authorize the landlord, of the above listed property, to release the requested information regarding my tenancy.

\_\_\_\_\_  
Applicant Signature

To Whom it May Concern:

Our tenant selection policy obliges us to verify certain information about all members of person(s) families applying for admission to our units. To comply with this requirement, we ask for your cooperation in supplying information on the tenant history of the people/family listed above.

Your prompt return of this information will be greatly appreciated. You can fax, mail, or email to the numbers or address' listed above. If you have any questions, please do not hesitate to call.

Please check:            Current Landlord ( )            Previous Landlord ( )            Other ( )

Date of Tenancy:            From \_\_\_\_\_ to \_\_\_\_\_

Rent paid on time?	Yes ( )	No ( )	How often? _____
Rent paid late?	Yes ( )	No ( )	
Any eviction notices given?	Yes ( )	No ( )	
Unit kept clean?	Yes ( )	No ( )	
Damage to unit or common areas?	Yes ( )	No ( )	
Any problems with tenant(s) children?	Yes ( )	No ( )	
Any problems with tenant(s) visitors or guests?	Yes ( )	No ( )	
Did tenant(s) allow other not on the lease to live in unit?	Yes ( )	No ( )	
Any history of violence or disturbing neighbors?	Yes ( )	No ( )	
Has applicant(s) give you any false information?	Yes ( )	No ( )	
Tenant(s) security deposit refunded?	Yes ( )	No ( )	
Rent or damages still owing?	Yes ( )	No ( )	
Would you rent to this tenant/family again?	Yes ( )	No ( )	
Comments:			

\_\_\_\_\_  
Landlord/Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone