

# RENTAL APPLICATION & SCREENING FEE

Post Office Box 3462, Shell Beach, CA 93448

Phone: 805/610-3949

Today's date: \_\_\_\_\_

Occupancy date desired: \_\_\_\_\_

Rental price range: \$ \_\_\_\_\_

Type/size desired: \_\_\_\_\_

Rental address shown: \_\_\_\_\_

**All Residents (18 years & older) Living in the Home; Must Fill-out A Separate Rental Application**

## Applicant's Personal Information:

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth date: \_\_\_\_\_ Driver's license/ID no./state: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Telephone or Cell Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional Occupants (List every occupant's name and their relationship below, including children):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

## Preferred Method of Rental Payments:

Bank check \_\_\_\_\_ Money Order \_\_\_\_\_ Electronic banking \_\_\_\_\_ Payroll deduction \_\_\_\_\_

Other method or form of payment, which requires an additional \$10.00 handling fee/charge: Cash \_\_\_\_\_

## Preferred Rental Due Date:

Old-fashioned method – Monthly \_\_\_\_\_ Payday plan – Biweekly \_\_\_\_\_ Other alternative - Weekly \_\_\_\_\_

How long do you plan on living in the next rental home that meets your needs? \_\_\_\_\_

Are you able to handle all the minor maintenance. repairs and/or upkeep in the property? Yes \_\_\_\_\_ or No \_\_\_\_\_

Check the following items that you own:

Vacuum Cleaner \_\_\_\_\_ Mop \_\_\_\_\_ Broom \_\_\_\_\_ Plunger \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Appliances (if so, which ones) \_\_\_\_\_

Please note: Residents who handle minor maintenance and repairs on the property and pass property inspections are eligible to receive credit towards our Renter's Program (that's part of our 3-Star Renter Program).

Check all professional level skills possessed:

Roofing \_\_\_\_\_ Appliance repair \_\_\_\_\_ Electrical \_\_\_\_\_ Painting \_\_\_\_\_ Plumbing \_\_\_\_\_ Carpentry \_\_\_\_\_ Heating \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

## Miscellaneous:

Do you have renter's insurance? \_\_\_\_\_ Do you have any water-filled furniture and/or bed? \_\_\_\_\_

Have you ever broken a lease? \_\_\_\_\_ Have you ever refused to pay rent for any reason? \_\_\_\_\_

Ever been convicted of a crime? \_\_\_\_\_ Ever been evicted or asked to leave a rental unit? \_\_\_\_\_

Ever filed for a bankruptcy? \_\_\_\_\_ Give permission to do criminal background check? \_\_\_\_\_

Have any utilities in your name? \_\_\_\_\_ Do you currently have phone service in your name? \_\_\_\_\_

Is there anything to prevent you from placing utilities or phone in your name? \_\_\_\_\_

Do you know of anything or any reason, which may interrupt your ability to pay rent? \_\_\_\_\_

**Residence History:**

Present street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates lived at this address? \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Occupy: \_\_\_\_\_  
Current phone: \_\_\_\_\_ How many pets did you have? \_\_\_\_\_ Type: \_\_\_\_\_  
Name of present landlord/owner/mortgage company: \_\_\_\_\_  
Address of the present landlord/mortgage company: \_\_\_\_\_  
Landlord's phone: \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_ Is your rent/mtg. current? \_\_\_\_\_  
Security deposit amount currently held by landlord? \_\_\_\_\_ Number of late payments? \_\_\_\_\_  
Previous residence address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Previous landlord: \_\_\_\_\_ Previous landlord's phone: \_\_\_\_\_  
Dates at this address: \_\_\_\_\_ Reason for moving? \_\_\_\_\_  
Was your full security deposit returned? \_\_\_\_\_ # of late payments? \_\_\_\_\_ Monthly payment? \_\_\_\_\_

**Income History:**

Applicant's current employment status:  
Full-time: \_\_\_\_\_ Part-time (less than 32 hrs.): \_\_\_\_\_ Student: \_\_\_\_\_ Un-employed: \_\_\_\_\_  
Retired: \_\_\_\_\_ Self-employed: \_\_\_\_\_ Other: \_\_\_\_\_

**Primary source of employment:**

Applicant employed by: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Average weekly hours: \_\_\_\_\_ How long at place of employment? \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Please indicate weekly, biweekly, monthly, or annual average take home: \_\_\_\_\_

**Additional Employment**

Applicant employed by: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Average weekly hours: \_\_\_\_\_ How long at place of employment? \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Please indicate weekly, biweekly, monthly, or annual average take home: \_\_\_\_\_

**Additional Income/Payment Information:**

In the event of some emergency that would prevent you from paying rent when due, is there a relative, person, or agency that could assist you with rent payments?

1<sup>st</sup> emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
2<sup>nd</sup> emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Do you currently have savings account, line of credit, or charge card sufficient to cover one month's rent? \_\_\_\_\_

**Additional Income: (optional):**

If there are additional, verifiable sources of income you would like considered, please list income source (e.g., self-employment, social security, benefit payments), and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been receiving income from this source? \_\_\_\_\_

How long do you expect this income to continue? \_\_\_\_\_ Is there any reason it would stop? \_\_\_\_\_

Additional source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been receiving income from this source? \_\_\_\_\_

How long do you expect this income to continue? \_\_\_\_\_ Is there any reason it would stop? \_\_\_\_\_

**Bank Reference:**

Name of bank and branch: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Checking acct. #: \_\_\_\_\_ Savings acct. #: \_\_\_\_\_

How long account active? (C) \_\_\_\_\_ (S) \_\_\_\_\_ Average monthly balance: (C) \_\_\_\_\_ (S) \_\_\_\_\_

**Assets/Credits/Loans:**

Number of vehicles on property? \_\_\_\_\_ Valid registration and inspection? \_\_\_\_\_

Do you have any commercial vehicles, RV, campers, boats, jet-skies, quads and/or motorcycles, etc.? \_\_\_\_\_

Vehicle 1 (make/model/color/year): \_\_\_\_\_

Please note, only cars on application are authorized to be on premises.

Plate number: \_\_\_\_\_ State: \_\_\_\_\_

Financed/leased through: \_\_\_\_\_ Acct. # \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Contact and phone number: \_\_\_\_\_

Vehicle 2 (make/model/color/year): \_\_\_\_\_

Plate number: \_\_\_\_\_ State: \_\_\_\_\_

Financed/leased through: \_\_\_\_\_ Acct. # \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Contact and phone number: \_\_\_\_\_

**Credit Cards, Loans:** (including banks, department store, gas cards, student loans)

Creditor: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are your payments current? \_\_\_\_\_ Total amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Other Creditor: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are your payments current? \_\_\_\_\_ Total amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

List any other current monthly expenses?

Hospital payment: \_\_\_\_\_ Health Ins.: \_\_\_\_\_ Auto Ins.: \_\_\_\_\_

Renter's insurance: \_\_\_\_\_ Child Care: \_\_\_\_\_ Tuitions: \_\_\_\_\_

Cable T.V.: \_\_\_\_\_ Other: ( \_\_\_\_\_ ) Amount: \_\_\_\_\_

**Personal/Professional References:**

Character/personal reference:

Name: \_\_\_\_\_ Relationship? \_\_\_\_\_ How long? \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Professional reference (e.g., attorney, accountant):

Name: \_\_\_\_\_ Relationship? \_\_\_\_\_ How long? \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of nearest living relative:

Name: \_\_\_\_\_ Relationship? \_\_\_\_\_ How long? \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of doctor or health care provider:

Name: \_\_\_\_\_ Relationship? \_\_\_\_\_ How long? \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Do you give owner or manager permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary? Yes \_\_\_\_\_ or No \_\_\_\_\_

**Contacting:**

If management has a question regarding this application, please furnish the best contact phone number:

Day phone/contact person: \_\_\_\_\_

Night phone/contact person: \_\_\_\_\_

**Thank You!**

Thank you for completing an application to rent from us. Please sign below. Please note that a completed application requires submission of the following, which will be copied and attached to this application:

\_\_\_\_\_ Driver's license or sheriff's picture ID. Note: Rentals will not be shown without picture ID.

\_\_\_\_\_ Personal check (to verify bank)

\_\_\_\_\_ 2 weeks of most current pay stubs of each income source listed

\_\_\_\_\_ If self-employed, most current Schedule C tax return and proof of current income

Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

A fee of up to \$33.00 is charged on all rental applicants for the purpose of verifying the information furnished on this application. By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes annual verification of information, references, and credit history for continual rental consideration or for collection purposes should that become necessary. This fee is nonrefundable or only refundable if applicant meets our minimal criteria but is not selected because they were not the first qualified applicants.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Manager/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_