

RENTAL APPLICATION & SCREENING FEE

Today's date: _____ Occupancy date desired: _____
Rental price range: \$ _____ Type/size desired: _____
Rental address shown: 276 or () Palisade Avenue, Shell Beach, CA 93449

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:

Some methods of payment, requires an additional handling fee/charge:

Electronic banking- \$0 Payroll deduction- \$0 Check or Money Order- \$10 Cash- \$15

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 filed for a bankruptcy? _____ Ever been evicted or asked to leave a rental unit? _____

Ever been convicted of a crime? _____ Give permission to do criminal background check? _____

Had a judgement in your name? _____ Currently have utilities/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?

1st emergency contact: _____ Relationship _____ Phone _____
Address: _____ City: _____ State: _____ Zip: _____
2nd 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? _____

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 \$50.00 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 criteria but is not selected because they were not the first qualified applicants.

Applicant Signature: _____ Date: _____

Owner/Manager/Agent Signature: _____ Date: _____

