

APPLICATION TO RENT

RPM, Rental Property Management, P.O. Box 15453, Sacramento, CA 95851, 916-791-9092

NAME: <u>LAST</u>		<u>FIRST</u>		<u>INITIAL</u>		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	DRIVER'S LICENSE NUMBER:	STATE:	EXPIRATION DATE:		HOME & CELL PHONE (w/ area code)		
					HM:		
					CELL:		
					E-Mail:		

1	Present Address					
	<u>Street / Number</u>		<u>Unit #</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	<u>Date In</u>	<u>Date Out</u>	<u>Rent Paid</u>	<u>Owner/Manager Name & Phone</u>		
Reason for Moving:						
2	Previous Address					
	<u>Street / Number</u>		<u>Unit #</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	<u>Date In</u>	<u>Date Out</u>	<u>Rent Paid</u>	<u>Owner/Manager Name & Phone</u>		
Reason for Moving:						
3	Previous Address					
	<u>Street / Number</u>		<u>Unit #</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	<u>Date In</u>	<u>Date Out</u>	<u>Rent Paid</u>	<u>Owner/Manager Name & Phone</u>		
Reason for Moving:						

Proposed Occupants Including Yourself	Name	Birth date	Name	Birth date
1)			3)	
2)			4)	

Present Occupation:		Employer Name:	
How long with this employer?		Employer Address:	
Supervisor:		Employer Phone:	
Prior Occupation:		Employer Name:	
How long with this employer?		Employer Address:	
Supervisor:		Employer Phone:	

The undersigned wishes to move into the housing accommodations below on: _____
 _____, _____, CA _____ UNIT # _____

Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items.

Signature: _____ Date: _____

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Have you ever been evicted? Yes ___ No ___ If yes, when? _____.

Any criminal convictions? Yes ___ No ___ If yes, please explain _____.

PETS? NO ___ IF YES, NAME: _____ BREED: _____ WEIGHT: _____.

DO YOU SMOKE? Yes ___ No ___ INDOORS ___ OUTDOORS _____.

Own any firearms? Yes ___ No ___ If yes, type(s) _____.

Income:	Check One			Mother's Maiden Name
\$	WEEK	MONTH	YEAR	
	PER:			

Please list all of your financial obligations:

NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER	
		Checking	
		Savings	
MONTHLY BILLS (car, visa, etc.)	ADDRESS	PHONE NO.	MONTHLY PYMT AMT

In case of emergency - Notify	Address/Street/City	Phone (include area code)	Relationship
1)			
2)			

VEHICLES: Make	Model	Color	Year	Plate Number

Personal References	Length of Acquaintance	Address/Street/City	Phone (include area code)	Occupation
1)				
2)				

FILL OUT BOTH PAGES COMPLETELY. MISSING INFORMATION WILL DELAY PROCESSING YOUR APPLICATION.

NO LIQUID FILLED FURNITURE AND/OR APPLIANCES ALLOWED. THE UNDERSIGNED MAKES APPLICATION TO RENT HOUSING ACCOMODATIONS DESIGNATED AS:

_____, UNIT # _____, _____ CA _____ **QUOTED RENT \$** _____

APPLICANT REPRESENTS THAT ALL THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND UNDERSTANDS THAT THE INFORMATION PROVIDED ON THIS RENTAL APPLICATION WILL COINCIDE WITH THE INFORMATION PROVIDED ON A RENTAL AGREEMENT SHOULD APPLICANT BE APPROVED FOR TENANCY. ANY FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION WILL DEEM THE RENTAL AGREEMENT NULL AND VOID AND AS A RESULT, PROPERTY OWNER WILL RESERVE THE RIGHT TO TERMINATE TENANCY AT ANY TIME WITH PROPER NOTICE. APPLICANT HEREBY AUTHORIZES VERIFICATION OF THE ABOVE ITEMS INCLUDING BUT NOT LIMITED TO THE OBTAINING A CREDIT REPORT AND AGREES TO FURNISH ADDITIONAL CREDIT REFERENCE UPON REQUEST.

A \$25 APPLICATION FEE IS REQUIRED IS NON REFUNDABLE.

SIGNATURE: _____ DATE: _____

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