

## CALIFORNIA RENTAL APPLICATION

**TENANTS:** Thank you for completing this rental application in advance (copy or print it as many times as you may need). If a landlord requires you to use their form you will have all the necessary information at hand saving you time or the need to submit your application later.

DENTAL HALT					
RENTAL UNIT:					
ldress of Rental Unit Tenant is	s Applying For:				
PERSONAL INFO	ORMATION:				
irst Name:	M.I.:	Last Name:			
ocial Security #:					
	Alternate Phone #:		Best Time to Ca	ll:	
river's License #:	Sta	ate Issued:		Expires:	
RENTAL HISTOR	Y:				
ease list the past three address	ses or past five years. Attach add'l pages if needed.				
urrent Address:					
				State:	Zip:
	Manager/Owner's Name				
				State:	Zip:
	Manager/Owner's Name				
•	, attach additional pages if needed.				
	):				
	anticare Name				
	ervisor's Name:				
				State.	7in•
	y):			_ Jtate	Zip
our Position:	//· <del></del>				
	ervisor's Name:				
•	errisors nume.				
				State:	Zip:
	y):			-	
	,,,				
	ervisor's Name:				
				State:	Zip:
•					



## **RENTAL APPLICATION**

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FINANCIAL HISTO	RY:					
Present Income: \$	per month or \$		annually			
	If there are					
Savings Account #·						
Bank Name:	Balance:					
•						
	Balance: Card Type(Visa/MasterCard/AmEx, etc.):					
Credit Card #:	<del></del>	Card Type(Visa/MasterCard/AmEx, etc.):				
Creditor:						
ROOMMATES:						
Names of persons that will be occupy	ying the apartment (only minors will	not be required to fill out an app	lication):			
	Relationship to you:					
Name:		Relationship to you:				
Name:		Relationship to you:				
PETS:						
Do you have pets? ☐YES ☐NO I	If yes, describe your pet:					
Pet's Name:		Age:	Sex:	Weigh	t:	
			utered:			
<ul><li>I am willing to pay an additional</li></ul>	l Pet Deposit, and I am willing to sig	n a Pet Agreement.				
PERSONAL PREFE	RENCES:					
Reference 1 Name:						
City:				State:	Zip:	
Relationship to You:		Yea	ars Known:			
Occupation:			Phone #:			
Reference 2 Name:						
•					•	
•		Years Known:				
Occupation:		Pho	ne #:			
VEHICLE INFORMA	ATION:					
Year:	License Plate #:	State:				
My vehicle is currently Registere	d and Insured.					
	License Plate #:	State:				
My vehicle is currently Registered	d and Insured.					



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PERSONAL HISTORY:			
Do you currently smoke? ☐YES ☐NO			
Have you ever been evicted? □YES □NO If y	yes, when and why		
—————————————————————————————————————	NO If yes, when and describe		
Have you ever been convicted or a felony? ☐YE	S □NO If yes, when and describe		
IN CASE OF EMERGENCY	:		
Reference 1 Name:			
Address:			
City:		State:	
Phone #:	Relationship to You:		
PERSONAL STATEMENT/C	OMMENTS:		
State of the state			
State any other relevant information you would li	ke a landlora to know and consider about you:		
			· · · · · · · · · · · · · · · · · · ·
-			
ABBUILGANT SIGNATURE			
APPLICANT SIGNATURE:			
Applicant represents that all the above statemen	nts are true and correct and hereby authorizes verificati	ion of the above statements and information includi	ng but not limited to the
	eport and applicant agrees to furnish additional inform		J
• • • • • • • • • • • • • • • • • • • •		•	
Amount of Deposit (if any) Received with Applic	ration: \$	Date:	