



APPLICATION TO RENT

Please Complete Separate Application for Each Adult Applicant.

www.aagla.org

Name: _____ Social Security No.: _____
LAST FIRST MIDDLE INIT.

a/k/a, If Other Than Legal Name: _____

Driver's License/ID #: _____ State: _____ Birthdate: _____
Month - Day - Year

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Email: _____

Current Address: _____
Street Unit # City State ZIP Code

How Long?
From (Month/Year): _____ To: _____ Last Rent Paid Month: _____ Amt: \$ _____

Owner/Manager: _____ Telephone #: _____

Owner/Manager Email Address: _____

Reason for Leaving: _____

1st Previous Address

Address: _____
Street Unit # City State ZIP Code

How Long?
From (Month/Year): _____ To: _____ Last Rent Paid Month: _____ Amt: \$ _____

Owner/Manager: _____ Telephone #: _____

Owner/Manager Email Address: _____

Reason for Leaving: _____

2nd Previous Address

Address: _____
STREET UNIT # CITY STATE ZIP CODE

How Long?
From (Month/Year): _____ To: _____ Last Rent Paid Month: _____ Amt: \$ _____

Owner/Manager: _____ Telephone #: _____

Owner/Manager Email Address: _____

Reason for Leaving: _____

Current Employment

Company Name: _____ Address: _____

Company Phone #: _____ Occupation: _____ Type of Business: _____

Name of Supervisor: _____

Employment Date - From: _____ To: _____ Monthly Salary: _____

PREVIOUS EMPLOYMENT:

Company Name: _____ Address: _____

Company Phone #: _____ Occupation: _____ Type of Business: _____

Name of Supervisor: _____

Employment Date - From: _____ To: _____ Monthly Salary: _____

When do you plan to move-in? Date: _____, 20____

Applicant represents that the statements made are true and correct and authorizes Owner's verification of credit, income and references; and APPLICANT UNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant agrees to pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If Applicant pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as follows:

I hereby apply to rent / lease Apartment No. _____ at _____

for \$ _____ per month and upon approval of my Application and signed Rental Agreement, I

further agree to pay the first month's rent of \$ _____ and a security deposit in the amount of

\$ _____.

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(Continued...)

Applicant understands and agrees that investigative consumer report may be made regarding the consumer's character, general reputation, personal characteristics, and mode of living. If applicant wishes to receive a copy of any consumer credit bureau or background reports prepared, please check the following box: ☐ The name and address of the investigative consumer reporting agency that will prepare the report and a summary will be as follows.

Name of Reporting Agency

Address of Reporting Agency

Applicant Signature _____ **Date** _____

For purposes of credit and rent liability only: LIST ALL ADDITIONAL OCCUPANTS WHO WILL OCCUPY UNIT. Please put "F" for full time or "P" for part time after each name.

☐ **If this box is checked there shall be no additional occupant(s).**

Name: _____ **Age:** _____ **Relationship:** _____

Name: _____ **Age:** _____ **Relationship:** _____

Name: _____ **Age:** _____ **Relationship:** _____

Name: _____ **Age:** _____ **Relationship:** _____

Additional Information:

1. Have you ever had any credit problems? ☐ YES ☐ NO

2. Have you ever had an unlawful detainer filed against you? ☐ YES ☐ NO

3. Have you ever been evicted for non-payment of rent for any other reason? ☐ YES ☐ NO

4. Have you ever filed for bankruptcy? ☐ YES ☐ NO

5. Have you ever been convicted of a felony? ☐ YES ☐ NO

6. Do you have any animals? ☐ YES ☐ NO

If Yes, how many? _____ Describe: _____

7. Will you be using any water-filled furniture in your residence? ☐ YES ☐ NO

If Yes, do you have insurance coverage? ☐ YES ☐ NO

8. Do you have any musical instruments? ☐ YES ☐ NO

If Yes, what kind? _____

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(Continued...)

9. Do you smoke?

☐ YES ☐ NO

Does any other proposed occupant smoke?

☐ YES ☐ NO

10. Is Applicant utilizing a Reusable Tenant Screening Report as defined California Assembly Bill 2559 (2022)?

☐ YES ☐ NO

If a Reusable Tenant Screening Report is being utilized, then Applicant, under penalty of perjury, hereby affirms that there has not been a material change to the information contained in the Reusable Tenant Screening Report.

11. Please explain any "YES" answers other than for Item 10. _____

Banking Information:

Name of Bank or Credit Union: _____ Branch or Address: _____

Checking #: _____ Approx. Bal.: \$ _____

Savings #: _____ Approx. Bal.: \$ _____

Name of Bank or Credit Union: _____ Branch or Address: _____

Checking #: _____ Approx. Bal.: \$ _____

Savings #: _____ Approx. Bal.: \$ _____

Other Sources of income: _____

Credit References (Credit Cards/Car Payments/Other Loans):

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: \$ _____ Monthly Payment: \$ _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: \$ _____ Monthly Payment: \$ _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: \$ _____ Monthly Payment: \$ _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: \$ _____ Monthly Payment: \$ _____

Emergency Contact:

Name: _____ Address: _____

Relationship: _____ Phone #: (____) _____

Vehicles (Operable Automobiles including Trucks, Vans, Motorcycles):

Are you a registered owner?

☐ YES ☐ NO

If NO, who? _____

Year: _____ Make: _____ Model: _____ Color: _____ License #: _____ State: _____

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