

WALNUT CREEK APARTMENTS

2120 Jennings Av Santa Rosa, CA 95401. Phone 707-523-2120, Fax 707-523-2123

APPLICATION TO RENT

(All sections must be completed)

Individual applications required from each occupant 18 years of age or older.

| | | | | | | | |
|---------------|-----------------------|-------------------------|--------------------|-------------|--|----------------------------|----------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | | SOCIAL SECURITY NUMBER | |
| DATE OF BIRTH | | DRIVER'S LICENSE NUMBER | | STATE | | HOME PHONE NUMBER | |
| 1 | PRESENT ADDRESS | | | CITY | | STATE | ZIP CODE |
| | DATE IN | DATE OUT | OWNER/MANAGER NAME | | | OWNER/MANAGER PHONE NUMBER | |
| | REASON FOR MOVING | | | | | | |
| 2 | PREVIOUS ADDRESS | | | CITY | | STATE | ZIP CODE |
| | DATE IN | DATE OUT | OWNER/MANAGER NAME | | | OWNER/MANAGER PHONE NUMBER | |
| | REASON FOR MOVING | | | | | | |
| 3 | NEXT PREVIOUS ADDRESS | | | CITY | | STATE | ZIP CODE |
| | DATE IN | DATE OUT | OWNER/MANAGER NAME | | | OWNER/MANAGER PHONE NUMBER | |
| | REASON FOR MOVING | | | | | | |

| | | |
|----------------------------------|------|------|
| PROPOSED OCCUPANTS | NAME | NAME |
| LIST ALL IN ADDITION TO YOURSELF | | |
| | | |

| | | | |
|---------------------|----------|--|----------|
| WILL YOU HAVE PETS? | DESCRIBE | WILL YOU HAVE LIQUID FILLED FURNITURE? | DESCRIBE |
|---------------------|----------|--|----------|

| | | | | |
|----------|------------------------------|--------------|-------------------------|--|
| A | PRESENT OCCUPATION | | EMPLOYER NAME | |
| | HOW LONG WITH THIS EMPLOYER? | PHONE NUMBER | NAME OF YOUR SUPERVISOR | |
| | EMPLOYER ADDRESS | | | |
| B | PRIOR OCCUPATION | | EMPLOYER NAME | |
| | HOW LONG WITH THIS EMPLOYER? | PHONE NUMBER | NAME OF YOUR SUPERVISOR | |
| | EMPLOYER ADDRESS | | | |

| | | | | | |
|----------------------|-----|------|-----------|-------|------|
| CURRENT GROSS INCOME | PER | WEEK | CHECK ONE | MONTH | YEAR |
|----------------------|-----|------|-----------|-------|------|

Please list all of your financial obligations below:

| | | |
|-------------------|-------------------|----------------|
| NAME OF YOUR BANK | BRANCH OR ADDRESS | ACCOUNT NUMBER |
| | | CHECKING |
| | | SAVINGS |

| NAME OF CREDITOR | ADDRESS | PHONE NUMBER | MO. PMT. AMT. |
|------------------|---------|--------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| IN CASE OF EMERGENCY NOTIFY: | ADDRESS | PHONE | CITY | RELATIONSHIP |
|------------------------------|---------|-------|------------------------|--------------|
| | | | | |
| | | | | |
| PERSONAL REFERENCES | ADDRESS | PHONE | LENGTH OF ACQUAINTANCE | OCCUPATION |
| | | | | |
| | | | | |

MOTHER'S MAIDEN NAME : _____

AUTOMOBILE : MAKE _____ MODEL _____ COLOR _____ YEAR _____ LICENSE # _____

AUTOMOBILE : MAKE _____ MODEL _____ COLOR _____ YEAR _____ LICENSE # _____

MOTORCYCLES (OTHER VEHICLES) : _____

HAVE YOU EVER FILED FOR BANKRUPTCY? _____

HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? _____

APPLICANT REPRESENTS THAT ALL THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE ITEMS INCLUDING, BUT NOT LIMITED TO, THE OBTAINING OF A CREDIT REPORT AND AGREES TO FURNISH ADDITIONAL CREDIT REFERENCES UPON REQUEST.

APPLICATION FEE : _____ DEPOSIT _____

THE UNDERSIGNED MAKES APPLICATION TO RENT HOUSING ACCOMMODATIONS DESIGNATED AS :

21 JENNINGS AV APT # SANTA ROSA, CA 95401 THE RENTAL FOR WHICH IS _____ PER MONTH AND UPON APPROVAL OF THIS APPLICATION AGREES TO SIGN A RENTAL OR LEASE AGREEMENT AND TO PAY ALL SUMS DUE, INCLUDING REQUIRED DEPOSITS, BEFORE OCCUPANCY.

_____ DATE _____ APPLICANT SIGNATURE _____