

The Pointe at Westlake
60 Stephanie Drive, Salinas, California 93901
(831) 422-4678

RENTAL APPLICATION

Application ___ of ___

Thank you for **your** interest in our community. Help us **expedite** your application **process** by giving this information completely and accurately.

PLEASE PRINT

Each co-applicant and each occupant over 18 years of age must submit a separate application.

Date: _____ **How did you hear about us?** _____

Applicant Name: _____ Former Names (maiden/married/aliases): _____

Date of Birth: _____ Driver's License or Gov't. Photo ID #: _____ State/Agency: _____

SSN#: _____ Sex: _____ Total Number of Dependents: _____ Total Number of Occupants _____

Spouse Name: _____

List all Additional Applicants/Occupants and their dates of birth:

Present Address: _____ Phone: (_____) _____
STREET CITY, STATE ZIP

Apt. Name or Landlord: _____ Phone: (_____) _____
(IF YOU OWNED PROPERTY, PLEASE INDICATE FINANCE COMPANY)

Dates of Occupancy: _____ To: _____ Monthly Rent or Payment \$ _____

Why are you leaving your current residence? _____

Have you given legal notice where you live now? Yes No

Previous Address: _____ Phone: (_____) _____
STREET CITY, STATE ZIP

Apt. Name or Landlord: _____ Phone: (_____) _____
(IF YOU OWNED PROPERTY, PLEASE INDICATE FINANCE COMPANY)

Dates of Occupancy: _____ To: _____ Monthly Rent or Payment \$ _____

Present Employer: _____ Position: _____

Address: _____ Gross Monthly Income: _____
STREET CITY, STATE ZIP

Supervisor: _____ Phone: (_____) _____ Employed Since: _____

Previous Employer: _____ Position: _____

Address: _____ Gross Monthly Income: _____
STREET CITY, STATE ZIP

Supervisor: _____ Phone: (_____) _____ Employed Since: _____

Other Current Income: _____ Source(s): _____

Total Number of Cars: _____ Year/Make Color: _____ License Tag. No./State: _____
Year/Make Color: _____ License Tag. No./State: _____
Waterbed? Yes No; Aquarium? Yes No; Pet? Yes No; Pet Number and Type: _____ / _____

YOUR RENTAL / CRIMINAL HISTORY Check all that apply. You represent that your answer is "no" to any item not checked.

Have you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? broken a rental agreement? declared bankruptcy? been sued for rent? been sued for property damage? been arrested or charged for any misdemeanor, felony or sex or morals related crime, regardless of how it was resolved?

Please indicate the year, location, type, and disposition of each crime. We may require more information and may need to discuss more facts before making a decision. _____

Adult Emergency Contact: _____ Relationship: _____
Address: _____ Phone: _____
STREET CITY, STATE, ZIP

I certify that the above information is correct and complete and hereby authorize you to obtain reports from consumer credit reporting agencies, criminal background information, and to make any other inquiries you feel necessary to evaluate and verify my credit standing, criminal history, and employment and rental history. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, it will automatically be grounds for termination of my tenancy.

Owner/Agent has charged a non-refundable **application** fee of **\$ 35.00** per person. Applicant screening **includes** the checking of the applicant's credit, income, and other criteria for residency. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. The burden to verify or disprove any erroneous information is solely on Applicant. The name and address of the screening service or credit reporting agency is: _____. **The sole purpose of this application is to determine Applicant's eligibility to lease a residential dwelling unit from Owner. Owner is under no obligation to lease to Applicant or to hold a dwelling unit for Applicant unless and until Applicant and Owner either 1) execute a rental agreement and Applicant makes all deposits required thereunder, or 2) execute a hold Agreement and Applicant makes a deposit to hold the unit. If Applicants fail to timely take the steps required above after notification of approval and availability by Owner, they will be deemed to have refused to lease from Owner.**

Applicant's copy of this application is the receipt for the **application** fee.
Owner's out of pocket cost for processing applications are approximately \$6.65 per unit per year.
Time spent by Owner to validate, review, or otherwise process applications: Approximately 48 hours and 0 minutes.

APPLICANT SIGNATURE: _____ DATE: _____

OWNER REPRESENTATIVE SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Unit #: _____ Rent: _____ Move In Date: _____

Promotion Received: _____ Marketing Assoc.: _____