

CRYSTAL SPRINGS TERRACE APARTMENTS

APPLICATION FOR RENTAL

Notice: All adult applicants (18 years of age or older) must complete a separate application for rental.

The undersigned hereby makes application to rent unit number _____, located at _____, «siteaddresscity», «siteaddressstate» «siteaddresszipcode», beginning on _____, for a term of _____ months at a monthly rent of \$_____.

APPLICANT INFORMATION				
First Name:	Middle Initial:	Last Name:	Suffix:	Former Last Name:
* Home Phone Number:	Ext:	* Work Phone Number:	Ext:	* Cell Phone Number:
Fax Number:	* E-mail:			
* At least one of home, work, cell phone number or e-mail is required.				
<input type="checkbox"/> Lease Signer	<input type="checkbox"/> Co-signer	<input type="checkbox"/> Guarantor	<input type="checkbox"/> Occupant	<input type="checkbox"/> Employee
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower			SSN:
Date of birth:	ID Number:		State of Issue:	
Rental History: <input type="checkbox"/> Has been evicted?	<input type="checkbox"/> Has been sued for rent?	<input type="checkbox"/> Has been sued for property damages?	<input type="checkbox"/> Has broken a lease?	

CURRENT RESIDENCE				
Residence/mortgage company:			<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> N/A	
Street address:			Manager/contact name:	
City	State	Zip Code	Manager/contact phone number:	
Monthly Rent Amount:	Length of Residency:		Manager/contact fax number:	
Reason for leaving:			Manager/contact e-mail:	

PREVIOUS RESIDENCE				
Residence/mortgage company:			<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> N/A	
Street address:			Manager/contact name:	
City	State	Zip Code	Manager/contact phone number:	
Monthly Rent Amount:	Length of Residency:		Manager/contact fax number:	
Reason for leaving:			Manager/contact e-mail:	



OTHER OCCUPANTS

Total # of Occupants:	Name(s):	Date(s) of birth:
	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

CURRENT EMPLOYMENT

Employer name:			Job type/industry:		
Street address:			Job title:		
City	State	Zip Code	Start date:		
Supervisor name:			Length of employment:		
Supervisor phone number:		Supervisor fax number:		Estimated annual income:	
				\$	
Supervisor e-mail:		Miles to work:	Additional annual income:	Additional income description:	
			\$		

PREVIOUS EMPLOYMENT

Employer name:			Job type/industry:		
Street address:			Job title:		
City	State	Zip Code	Start date:		
Supervisor name:			Length of employment:		
Supervisor phone number:		Supervisor fax number:		Estimated annual income:	
				\$	
Supervisor e-mail:			Miles to work:	Additional annual income:	
				\$	

FINANCIAL REFERENCES (provide 2)

Bank name:	Branch address:	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank name:	Branch address:	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

BACKGROUND INFORMATION

Have you ever filed for bankruptcy? Yes No

Have you ever been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord name.

Yes No



EMERGENCY CONTACT #1					
First name:	Middle Initial:	Last name:	Relationship:		
Street address:		City:	State:	Zip code:	
*Home phone:	*Cell phone:		*Work phone:		
Fax:	*E-mail:				

* At least one of home, work, cell phone number or e-mail is required.

Allowed Access ? Yes No In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas.

EMERGENCY CONTACT #2					
First name:	Middle Initial:	Last name:	Relationship:		
Street address:		City:	State:	Zip code:	
*Home phone:	*Cell phone:		*Work phone:		
Fax:	*E-mail:				

* At least one of home, work, cell phone number or e-mail is required.

Allowed Access ? Yes No In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas.

VEHICLES						
Vehicle 1 owner:		Vehicle 1 type: <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle/moped <input type="checkbox"/> Boat <input type="checkbox"/> Recreational vehicle/motor home <input type="checkbox"/> All terrain vehicle/snowmobile <input type="checkbox"/> Commercial truck <input type="checkbox"/> Other <input type="checkbox"/> SUV/truck				
Color:	Make:	License Plate:	Model year:	License state:	Model:	Parking Assignment:
Notes:						
Vehicle 2 owner:		Vehicle 2 type: <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle/moped <input type="checkbox"/> Boat <input type="checkbox"/> Recreational vehicle/motor home <input type="checkbox"/> All terrain vehicle/snowmobile <input type="checkbox"/> Commercial truck <input type="checkbox"/> Other <input type="checkbox"/> SUV/truck				
Color:	Make:	License Plate:	Model year:	License state:	Model:	Parking Assignment:
Notes:						

LIQUID-FILLED FURNITURE	
Do you have liquid-filled furniture (e.g.: waterbed)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:



PETS			
Pet 1 owner:		Pet 1 type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Fish <input type="checkbox"/> Reptile <input type="checkbox"/> Caged small animal <input type="checkbox"/> Other	
Breed:	Age:	Size (in pounds):	Name:
Notes:			
Pet 2 owner:		Pet 2 type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Fish <input type="checkbox"/> Reptile <input type="checkbox"/> Caged small animal <input type="checkbox"/> Other	
Breed:	Age:	Size (in pounds):	Name:
Notes:			

I hereby apply to lease the above described premises for the term and upon the conditions set forth and agree that the rental is to be payable the 1st day of each month in advance. I warrant that all statements set forth are true.

I hereby pay a holding fee of \$_____. I understand that I have seventy-two (72) hours following the date of this application to withdraw the application and receive full refund of said holding fee. If applicant cancels rental after seventy-two (72) hours and was otherwise approved, the holding fee is forfeited. The application fee is non-refundable.

NON-REFUNDABLE APPLICATION FEE \$_____

I hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and/or supervisors(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, eviction search and criminal background check will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Signature of Applicant

Date

BILLING INFORMATION FOR APPLICATION FEE			
Card type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express			
Name on card:	Card number:	Expiration date: / /	
Billing address:	City:	State:	Zip code:
My signature below authorizes ?????, a credit screening company, to conduct a background check, including obtaining a consumer credit report. I understand that ????? will charge the above credit card for this service \$35.00 per applicant. I agree to pay for this charge according to the terms of my CardHolder Agreement.			
_____ Card Holder Signature			_____ Date



CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

In connection with my application for housing, I understand that «sitename» may obtain one or more consumer reports, which may contain public information, for the purposes of evaluating my application. These consumer reports will be obtained from one or more of the following consumer reporting agencies:

- **Equifax**, E.C.I.F., P.O. Box 740241, Atlanta, GA, 30374-0241, (800) 685-1111
- **Trans Union**, Regional Disclosure Center, 1561 Orangethorpe Ave., Fullerton, CA 92631, (800) 888-4213
- **Experian (TRW)**, Consumer Assistance, P.O. Box 949, Allen, TX, 75002, (888) 397-3742
- **???????**

Under California law, these consumer reports are defined as investigative consumer reports. These reports may contain information on my character, general reputation, personal characteristics and mode of living. In connection with my application for housing, I authorize «sitename» to obtain a consumer report from the consumer reporting agencies listed above.

Signature: _____

Print Name: _____

Date: _____

If you would like to receive a copy of any investigative consumer report at no cost to you, please initial here: _____

If you would like to receive a copy of any credit report at no cost to you, please initial here: _____

PLEASE NOTE:

Under Section 1786.22 of the California Civil Code, if you wish to dispute the accuracy or completeness of any item in the consumer report, you may contact the consumer reporting agency named above and request an investigation. You also may view the file maintained on you by the above credit reporting agency during normal business hours. You can receive a copy of your file by providing proper identification and paying any related-copy costs. You may also receive a summary of the file by telephone. The agency is required to have employees available to explain your file to you, and they must explain any coded information in your file. You can bring someone with you to view the file, so long as they have identification.

