

APPLICATION FOR RENTAL

Villa Sarah

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



APARTMENT	RENT	START DATE	AGENT	
APPLICANT INFORMATION				
LAST NAME FIRST NAME M.I.			SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ()	WORK PHONE ()	EMAIL	
CURRENT ADDRESS				
STREET ADDRESS CITY STATE ZIP				
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS CITY STATE ZIP				
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER OCCUPANTS				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER				
LIST NAMES AND BIRTH DATES OF ALL DEPENDANTS 18 YEARS OR YOUNGER				
PETS				
PETS?	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY \$	
SUPERVISOR NAME	SUPERVISOR PHONE ()	START DATE	END DATE	
2. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY	

			\$
SUPERVISOR NAME	SUPERVISOR PHONE ()	START DATE	END DATE
1. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
EMERGENCY CONTACT			
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP
PERSONAL REFERENCES			
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP

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BACKGROUND INFORMATION		
HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. Yes No	
	Been convicted of a crime? If yes, please provide Type of Offense, County, and State. Yes No	
VEHICLE INFORMATION		
1. MAKE & MODEL	YEAR	LICENSE NO. & STATE
2. MAKE & MODEL	YEAR	LICENSE NO. & STATE
OTHER VEHICLES		
OTHER INFORMATION		
HOW DID YOU HEAR ABOUT THIS PROPERTY?		
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION		

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



Villa Sarah



Consumer Report Disclosure and Authorization

In connection with my application for housing, I understand that Villa Sabrina 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, (714) 738-3800
- **Experian (TRW)**, Consumer Assistance, P.O. Box 949, Allen, TX, 75002, (888) 397-3742
- **On-Site Manager, Inc.**, P.O. Box 1514, Los Altos, CA, 94023-1514, (877) 222-0384 •

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 Villa Sabrina to obtain a consumer report from the consumer reporting agencies listed above.

Signature:

Name Printed:

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.