

1035 Jefferson Blvd Suite B, Sacramento, CA 95691 | Work: (510) 500-6937

RENTAL REQUIREMENTS

INCOME and CREDIT HISTORY:

Gross income 2 times the monthly rent to qualify plus acceptable landlord and credit references – **NO EVICTIONS, NO SECTION 8** Direct ALL questions about your credit history to a property manager or leasing agent that is listed on the desired property.

RENTAL HISTORY:

- 1. Owner/Manager name Please indicate if the reference name(s) is the manager or owner, and provide current phone number(s)
- 2. Address and apartment number(s) on application
- 3. Let us know if this property is a house, duplex, condo, apartment, etc.

NECESSARY PAPERS:

- 1. Copy of Picture ID (CA Drivers Lic. Preferred)
- 2. Copy of Social Security Card
- 3. Last Year's W-2
- 4. 2 Most Recent Pay-stubs or Proof of Income, Self-Employed 2 years income tax return and current bank statement.

APPLICATIONS WILL BE REVIEWED ON THE BASIS OF:

- 1. Verifiable Income
- 3. Present and past rental history
- 2. Longevity of employment
- 4. Banking and credit information

PROCESSING FEE:

Application Fee is \$37.00 per individual (18 and over) Application Fees are NON-REFUNDABLE

PET POLICY:

When pets are considered for a property, they will be approved at the sole discretion of the property management company, and can be excluded for whatever reason is deemed appropriate. Extra deposit will be asked per pet.

APPLICATION PROCESS & RENT PAYMENTS

Filling all the blanks permits us to process your application faster. Each adult 18 & over must submit a completed rental application. All pertinent documentation **MUST** be submitted with each application.

Please allow up to 48 to 72 hours for application to be processed.

All questions about property needed to be directed to the appropriate agent. All rent payments must be received by the 3rd of every month and must be made in check, money order, or direct deposit.

Applicants with a credit score of 600-670 may be conditionally approved. If the credit score is less than 600 may require a qualified cosigner and/or a double security deposit. Credit score is less than 500 will not be approved.

ALL PROPERTIES ARE ON ONE-YEAR LEASE unless stated otherwise.

Print Name:		
Applicant has read and agrees to the above:		
	Signature	



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RENTAL APPLICATION & INFORMATION RELEASE FORM

PROPERTY ADDRESS OF RESID	ENCE YOU AF	RE APPLYING TO REN	Т:		
PROPOSES MOVE IN DATE:		RENT PE	ER MONTH IS \$		
EACH APPLICATIONT MUST (COMPLETE A	SEPARATE APPLICA	TION		
APPLICANT'S NAME:	BIRTHDATE				
SOCIAL SECURITY #	DRIVERS LIC. #				
HOME:()	WORK:()MOBILE: ()				
EMAIL					
NAMES OF PEOPLE WHO WIL	L BE LIVING	AT THIS ADDRESS			
Name	So	cial Security #	Date of Birth	Relationship	
RESIDENCE INFORMATION					
PRESENT ADDRESS		CITY	STATE	ZIP CODE	
CURRENT RENT \$		FROM	TO		
REASON FOR LEAVING	LANDLORD /MANAGER NAME				
PHONE # ()		FAX: ()			
PREVIOUS RESIDENCE INFOR	<u>RMATION</u>				
PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	
PREVIOUS RENT \$		FROM	ТО		
REASON FOR LEAVING		LANDLOR	D /MANAGER NAME		
PHONE # ()		FAX: ()			
EMPLOYMENT INFORMATIO	N				
(Applicants need to provide previou	s employer infor	mation if at current empl	oyer less than 1 yr)		
NAME OF EMPLOYER					
EMPLOYER'S ADDRESS			PHONE # ()		
SUPERVISOR'S NAME		DEPT	PHONE	# ()	
LENGTH OF EMPLOYED	YRS	MONTH	JOB POSITION		

MONTHLY INCOME \$	ANY ADDITION.	AL INCOME \$				
SOCIAL SECURITY	PENSION/RETIREM	MENT	CHILD SUPPORT			
OTHER INCOME						
PREVIOUS EMPLOYER IN	<u>IFO</u>					
PREVIOUS EMPLOYER'S A	DDRESS	MON	THLY INCOME \$			
SUPERVISOR'S NAME	DEPT	1	PHONE # ()			
LENGTH OF TIME EMPLOY	YEDYRS	MONTHS	POSITION			
BANKING INFORMATION	[
NAME OF BANK/ CREDIT U	Γ UNIONBRANCH OF ADDRESS					
CHECKING #:	APPROX. BAL	SAVINGS #:	VINGS #:APPROX. BAL			
PERSONAL REFERENCES	<u>!</u>					
Name	Address & City	Phone	Time Known	Relationship		
IN CASE OF EMERGENCY	CONTACT:					
NAME	PHONE # ()		EMAIL:			
ADDRESS	RELATIONSHIP					
VEHICLES OWNED						
AUTO LIC.PLATE #	STATE	MAKE	YEAR			
AUTO LIC.PLATE #	STATE	MAKE	YEAR			
ADDITIONAL INFORMAT	<u>ION</u>					
1. Have you ever had any credi	it problems?					
2. Have you ever had an unlaw	ful detainer filed against you?	\square No				
3. Have you ever been evicted	for non-payment of rent or for any othe	er reason? Yes	□ No			
4. Have you ever filed for bank	cruptcy? Yes No					
5. Have you ever been convicted	ed of a felony? Yes No If yes:	What	When			
6. Do you have any pets? ☐ Y	es \square No If yes: How many? T	ype & Breed				
	Color Height We					
Spayed / NeuteredIn	ndoor Outdoor Shots Current?	Yes No				
7. Will you be using any water	-filled furniture (including aquariums) i	in your residence? Y	'es □ No			
8. Have you ever used other na	mes? ☐ Yes ☐ No If yes: How many? _	List:				
	ce? Yes No Company name _					
The Applicant Warrants that	t all information contained herein is t	rue, and hereby auth	orizes the release of this in	formation for		
the purpose of a credit check	•					
Date:	ADDI ICANT NAME		IGNATURE			
	ALFLICANT NAME	3	IONATUKE			



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Authorization and Release From

I hereby authorize <u>HM & Associates</u> and/or any Credit Information Services to obtain information concerning my past credit, and/or tenant-landlord history now or anytime in the future. I hereby authorize verification of employment and income sources and references including, but not limited to, landlords, public or privately owned utilities, current or past creditors, governmental housing agencies, and/or other credit reporting agencies to release any information to <u>HM & Associates</u> concerning my/our past credit and/or tenant-landlord history. I hereby release any of the above sources, their officers, agents, or employees from any liability for damages of whatsoever kind or nature whether caused by negligence or otherwise which may at any time result to me/us by reason of compliance with the above mentioned inquiry which may include the answering of specific questions and the giving of any information concerning my/our past records. I understand that providing false or inaccurate information is grounds for rejection and a breach of any lease.

APPLICANT NAME	DATE
SIGNATURE	