



APPLICATION TO LEASE

Property: _____ Apt#: _____ M.I. _____ Date: _____ Leasing Agent: _____

PLEASE PRINT CLEARLY

Form with fields: Last Name, First Name, Middle Name, Date of Birth, SS#, Drivers License #, State, Expiration, Known By Any Other Name(s)?

RESIDENCE (Last 2 years)

Form for Present Address: Present Address, Present Phone#, How Long?, City, State, Zip, To Whom Do You Make Payments?, Reason for leaving, Monthly Payment

Form for Previous Address: Previous Address, How Long?, City, State, Zip, To Whom Do You Make Payments?, Reason for leaving, Monthly Payment

Form for Names of Others Who Will Reside With You: Name, Age, Birthdate

SOURCE OF INCOME

Form for Present Occupation or Source of Income: Present Occupation or Source of Income, Position, How Long?, Business Address, Phone No., Gross Income, Other Income Source, Amount \$

ASSETS (checking accounts, savings accounts, stocks, bonds, etc...)

Table with 5 columns: Name of Source, Address and/or Phone No., Type of Account, Account Number, Balance/Earnings \$

Form for Bankruptcy and Lawsuits: Have You Ever Filed For Bankruptcy?, Have You Ever Had Any Lawsuits, Liens, Judgements, Repossessions or Evictions?

IN CASE OF EMERGENCY, NOTIFY:

Form for Emergency Contact: Name, Relationship, Address, Phone

VEHICLES

Form for Vehicles: Number of Vehicles in Household?, Make, Model, Year, License #, Do You Own Any Recreation Vehicles?

Form for Waterbed and Pet: Do You Own a Waterbed?, Do You Own a Pet?, Pet Type, Weight

Form for How did you first learn of this apartment community? For Rent, Apartment Guide, Apartment Locator Service, Referred by, Sign, Newspaper Ad, Drive By

The applicant hereby represents that the above statements are true, and are made to induce the Owner/Manager to rent him/her an apartment, and the Owner/Manager is authorized to investigate that confirm said statement. Any material false statements made within this application shall be sufficient cause for Owner/Manager to decline to rent to or to cancel or terminate any Rental Agreement made with Applicant.

By checking this box I am requesting a copy of my credit report
By initialing here I acknowledge that I have received a copy of California Civil Code §1786.22

Form for Signatures and Dates: Applicants Signature, Date, Daytime Phone, Other, Application and Deposit Received by, Application Approved/Rejected By

Form for Date and Time: Date, Time



RESIDENT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below, to release without liability, information regarding my/our employment, income, and/or assets to _____
(Property Name)

for purposes of verifying information provided as part of my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Previous Landlords (including
Public Housing Agencies)
Support and Alimony Providers

Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers

Veterans Administration
Retirement Systems
Banks and other Financial
Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



Employment Verification

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

To: (Name and Address of Employer) Date: _____

RE: _____
Applicant/Tenant Name SSN # Unit #

I hereby authorize the release of my employment information:

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee: _____ Job Title: _____

Presently Employed: Yes Date First Employed: _____
 No Last Day Employed: _____

Current Wages/Salary: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly other: _____

Average # of Regular hours per week: _____

YTD \$ _____ From: _____ To: _____

Overtime Rate (per hour) _____ Average # of OT Hours: _____
(per week)

Shift Differential Rate: _____ Average # of SD Hours: \$ _____
(per week)

Employment Verification

Commissions, bonuses, tips, other additional pay: \$ _____ (check one)

hourly weekly bi-weekly semi-monthly monthly other _____

List any anticipated change in the employees rate of pay within the next 12 months (raise):

Amount: _____ Effective Date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Additional Remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

E-mail Phone Fax

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.