



**Pacific Villas**

925 N. Vulcan Ave.  
Encinitas, CA 92024

## **Rental Application Qualifying Requirements**

- **Application to rent must be completed by all applicants over 18 years old.**
- **All sections of the application must be completed and it must be signed.**
- **A credit check is required on all applicants.**
- **Copies are required of the applicants':**
  - **Current valid drivers' license**
  - **Social security card**
  - **3 current pay stubs or similar proof of income.**
  
- **All applicants must have a credit score of 700 or greater.**
- **Source of income / employment will be verified.**
- **Three years of rental history is required and will be verified.**
- **The applicants' monthly income must be at least 2.5 times the rent.**
- **Co-signers are not accepted.**
- **All payments must be made with cash, cashier's check or money order. Personal checks will be accepted after 30 days of residency.**
- **If you are unable to provide any of the documents listed above please see the manager for alternatives.**

**If you have any questions concerning the application please contact the manager Debbie at 760-753-1989 or [pvencinitas@gmail.com](mailto:pvencinitas@gmail.com)**

**Phone: 760-753-1989 Fax: 760-557-2304**

Tenant  
 Guarantor

Name of Applicant: \_\_\_\_\_

# APPLICATION TO RENT

(All sections must be completed) **Individual applications required from each occupant 18 years of age or older.**

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other names used in the last 10 years			Work phone number ( )		Home phone number ( )		
Date of birth		E-mail address			Mobile/Cell phone number ( )		
Photo ID/Type		Number		Issuing government		Exp. date	Other ID
1.	Present address			City		State	Zip
	Date in	Date out	Landlord Name			Landlord phone number	
	Reason for moving out					Current rent \$ /Month	
2.	Previous address			City		State	Zip
	Date in	Date out	Landlord Name			Landlord phone number	
	Reason for moving out					Rent at move-out \$ /Month	
3.	Next previous address			City		State	Zip
	Date in	Date out	Landlord Name			Landlord phone number	
	Reason for moving out					Rent at move-out \$ /Month	
Proposed Occupants: List all in addition to yourself	Name			Name			
	Name			Name			
	Name			Name			
Do you have pets?	Describe			Do you have a waterbed?	Describe		
How did you hear about this rental?							
A.	Current Employer Name			Job Title or Position		Dates of Employment	
	Employer address			Employer/Human Resources phone number ( )			
	City, State, Zip			Name of your supervisor/human resources manager			
Current gross income	Check one						
\$	Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year						
B.	Prior Employer Name			Job Title or Position		Dates of Employment	
	Employer address			Employer/Human Resources phone number ( )			
	City, State, Zip			Name of your supervisor/human resources manager			
Other income source _____ Amount \$ _____ Frequency _____							
Other income source _____ Amount \$ _____ Frequency _____							



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Tenant  
 Guarantor

Name of Applicant: \_\_\_\_\_

Name of your bank	Branch or address	Account Number	Type of Acct

Please list ALL of your financial obligations below.

Name of Creditor	Address	Phone Number	Monthly Pmt. Amt.
		(     )	
		(     )	
		(     )	
		(     )	
		(     )	
		(     )	

In case of emergency, notify:	Address: Street, City, State, Zip	Relationship	Phone
1.			
2.			

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
1.				
2.				

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Other motor vehicles: \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Have you ever been evicted or asked to move? \_\_\_\_\_



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- Tenant
- Guarantor

Name of Applicant:

**NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT**

Landlord does not intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, Landlord intends to request an investigative consumer report regarding the Applicant's character, general reputation, personal characteristics, and mode of living. Under Section 1786.22 of the California Civil Code, the files maintained on you by the investigative consumer agency shall be made available to you during business hours and on reasonable notice, provided you furnish proper identification, as follows: (1) You may appear at the investigative consumer reporting agency identified below in person, (2) you may make a written request for copies to be sent by certified mail to a specified addressee, or (3) you may make a written request for a summary of the file to be provided over the telephone. The agency may charge a fee, not to exceed the actual duplication costs, if you request a copy of your file. The agency is required to have personnel available to explain your file to you, and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. If you are accompanied by a person of your choosing, the agency may require you to furnish a written statement granting permission to the investigative consumer reporting agency to discuss your file in the other person's presence. The agency that will prepare the report(s) identified in this section is listed below:

TransUnion  
**Name of Agency**

PO Box 1000, Chester, PA 19022  
**Address of Agency**

If you would like a copy of the report(s) that is/are prepared, please check the box below:

I would like to receive a copy of the report(s) that is/are prepared

If the box above is checked, Landlord agrees to send the report to Applicant within three (3) business days of the date the report is provided to Landlord. Landlord may contract with another entity to send a copy of the report.

**Applicant represents that all the above statements are true and correct, authorizes verification of the above items, and agrees to furnish additional credit references upon request. Applicant authorizes Landlord to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords.**

Landlord will require a payment of \$ N/A , which is to be used to screen Applicant.

The amount charged is itemized as follows:

- |   |               |
|---|---------------|
| 1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports      | \$ <u>N/A</u> |
| 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) | \$ <u>N/A</u> |
| 3. Total fee charged  | \$ <u>N/A</u> |

The undersigned Applicant is applying to rent the premises designated as:

Apt. No. \_\_\_\_\_ Located at \_\_\_\_\_

The rent for which is \$ \_\_\_\_\_ per \_\_\_\_\_. Upon approval of this application, and execution of a rental/lease agreement, the applicant shall pay all sums due, including required security deposit of \$ \_\_\_\_\_, before occupancy.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant (signature required)**



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- Tenant
- Guarantor

Name of Applicant:

### CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.



# RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing.
- The Landlord requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. **Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)**

## TO BE COMPLETED BY APPLICANT

### 1. Authorization by rental Applicant for the release of information

*I hereby authorize the release of the information requested on this Rental Applicant Reference Form. I hereby acknowledge that the Landlord can make copies of this executed page in order to obtain the information requested.*

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY LANDLORD

### 2. Person requesting the rental reference

Name of Landlord \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

### 3. Applicant's rental information

Name of rental community (if any) \_\_\_\_\_

Address of rental unit \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

Move-in date: Month \_\_\_\_\_ Year \_\_\_\_\_ Move-out date: Month \_\_\_\_\_ Year \_\_\_\_\_ or  current resident

## TO BE COMPLETED BY FORMER OR CURRENT LANDLORD

### 4. Rental reference information

Did Applicant live at your property during the period indicated above?  Yes  No. Last effective monthly rent? \$ \_\_\_\_\_

If no, what were the dates of occupancy? From (month/year): \_\_\_\_\_ / \_\_\_\_\_ To (month/year): \_\_\_\_\_ / \_\_\_\_\_

How many times during the past 12 months did Applicant pay the rent late? .....  0  1-2  3-5  6 or more

Was any check from Applicant returned due to non-sufficient funds (NSF)? .....  Yes  No

Did you ever file for an unlawful detainer against Applicant for unpaid rent? .....  Yes  No

If yes, what was the result? \_\_\_\_\_

Does Applicant owe any amount for delinquent rent, utilities or damage to unit? .....  Yes  No

Did Applicant provide notice for ending tenancy according to the terms of the rental agreement? .....  Yes  No  
 Not applicable because Applicant still resides at unit

Did you ever serve a Three Day Notice to Applicant .....  Yes  No

If yes, please explain: \_\_\_\_\_

Information provided by: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Information obtained by:  Phone  Mail  Fax



# EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Landlord requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. **Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)**

## TO BE COMPLETED BY APPLICANT

### 1. Authorization by rental Applicant for the release of information

*I hereby authorize the release of the information requested on this Employment Verification Form to the Landlord listed below.  
I hereby acknowledge that the Landlord can make copies of this executed page in order to obtain the information requested.*

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY LANDLORD

### 2. Person requesting the employment reference

Name of Landlord \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

### 3. Applicant's employment information:

Present **OR**  Prior Occupation (check one)

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's/HR Manager's Name \_\_\_\_\_ Employer/HR Phone number (\_\_\_\_\_) \_\_\_\_\_

Beginning and Ending Dates of Employment \_\_\_\_\_

Current Gross Income (if applicable) \$ \_\_\_\_\_

## TO BE VERIFIED BY CURRENT OR FORMER EMPLOYER

### 4. Employment information verification

Is the information provided in Section 3 above correct?

Employer Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor's/HR Manager's Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/HR Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beginning and Ending Dates of Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Gross Income (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Verification provided by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

If No, please explain: \_\_\_\_\_

Verification obtained by:

Phone  Mail  Fax

