

# **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
  - o 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

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

□Tenant
□Guarantor

Name of Applicant:	

## **APPLICATION TO RENT**

(/	All sections m	ust be c	completed)	Individ	ual applicatio	ns rec	quired	from eac	ch occu	ıpant 18 ye	ars of	age or o	lder.
La	st Name		First Name	)	N	/liddle I	Name		Social S	ecurity Num	ber or IT	ΓIN	
Ot	her names use	d in the I	ast 10 years	Wo	ork phone numb	er			Home p	hone numbe	r		
Da	te of birth		E-mail addre	ess	,				Mobile/0	Cell phone nu	umber		
Ph	oto ID/Type		Number		Issuing govern	ment		Exp. date	<u> </u>	Other ID			
1.	Present addre	ess				City			Sta	te	Zip		
	Date in	С	Date out	Landlord	Name					Landlord pho	one num	nber	
	Reason for mo	oving out	t						Current \$		onth		
2.	Previous addr	ess				City			Sta		Zip		
	Date in	С	Date out	Landlord	Name					Landlord pho	one num	nber	
	Reason for mo	oving out	t						Rent at	move-out	1onth		
3.	Next previous	address					Cit	у	,	State		Zip	
	Date in	С	Date out	Landlord	Name					Landlord pho	one num	nber	
	Reason for mo	oving out	i e	<u> </u>					Rent at	move-out /N	1onth		
	oposed ccupants:	Name					Name		1.				
Lis	st all addition	Name					Name						
to	yourself	Name					Name						
	you have ts?	Describ	e			o you h		Desci	ribe				
_	w did you hear	r about th	nis rental?					l					
Α.	Current Emplo	oyer Nam	ne			Job Ti	tle or Po	osition			Dates o	of Employr	ment
	Employer add	ress				Emplo	yer/Hur	man Resou	urces ph	one number	<u> </u>		
	City, State, Zip	р				Name	of your	superviso	r/human	resources n	nanager		
Cu	rrent gross inc	ome	Chec	k one									
\$	<b>L</b>		Per □ We	eek 🗖 Mo	onth 🗖 Year	ļ <u>.</u> .					<u> </u>		
В.	Prior Employe	er Name				Job Ti	tle or Po	osition			Dates o	of Employr	nent
	Employer add	ress				Emplo (	yer/Hur )	man Resou	urces ph	one number			
	City, State, Zip	р				Name	of your	superviso	r/human	resources n	nanager		
Ot	her income sou	ırce			Amount \$	S			Frequ	ency			
Ot	her income sou	ırce			Amount \$	S				ency			



□Tenant
□Guarantor

Name of Applicant:	

Name of your bank	Branch or address	Ac	count Number	Type of Ac
	Please list ALL of your financial of	bligations below		
Name of Creditor	Address		hone Number	Monthly Pr Amt.
		( )		
		( )		
		( )		
		( )		
		( )		
In case of emergency, notify	: Address: Street, City	State, Zip	Relationship	Phone
Personal References:	Address: Street, City, State, Z	Length of Acquaintance	Occupation	Phone
nobile: Make:	Model:	Year:	License #:	

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

□Tenant	
□Guarantor	

Name of Applicant:	

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

☐ Landlord does <u>not</u> 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 file to e. The aring ı. If you ntified

identification, as follows: (1) You may appear at the investigative consumer reporting agency identified belowritten request for copies to be sent by certified mail to a specified addressee, or (3) you may make a written be provided over the telephone. The agency may charge a fee, not to exceed the actual duplication costs, i agency is required to have personnel available to explain your file to you, and the agency must explain to yin your file. If you appear in person, a person of your choice may accompany you, provided that this person are accompanied by a person of your choosing, the agency may require you to furnish a written statement investigative consumer reporting agency to discuss your file in the other person's presence. The agency that	ow in persen request f you request ou any confurnished granting	son, (2) you may ment for a summary of uest a copy of your oded information are proper identificate permission to the	ake a the file t file. Th opearing ion. If yo
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 Landlord. Landlord may contract with another entity to send a copy of the report.	of the da	te the report is pro	/ided to
Applicant represents that all the above statements are true and correct, authorizes verification of th furnish additional credit references upon request. Applicant authorizes Landlord to obtain reports unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud and employment history. Applicant consents to allow Landlord to disclose tenancy information to Landlords.	that may warning	include credit reps, previous tenant	orts,
Landlord will require a payment of \$, 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	\$	N/A	_
Cost to obtain, process and verify screening information (may include staff time and other soft costs)	\$	N/A	_
3. Total fee charged	\$	N/A	_
The undersigned Applicant is applying to rent the premises designated as:			
Apt. No Located at 925 N. Vulcan Ave., Encinitas, CA 92024			_
The rent for which is \$ per Upon approval of this application, and execution o	f a renta	/lease agreement,	the
applicant shall pay all sums due, including required security deposit of \$, before occupar	псу.		

Date

Applicant (signature required)

□Tenant	Name of Applicant:
□Guarantor	

## 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 rent	al Applicant for the	release of information				
I hereby authorize the rel <b>Landlord can make cop</b>				acknowledge tha	t the	
Name			Phone number (	)		
Signature			Date			
		TO BE COMPLETED BY LA				
<ol><li>Person requesting the Name of Landlord</li></ol>						
					Linit #	
		Fax number (				
3. Applicant's rental inf	formation	,				
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 <b>□</b> curr	ent resident	
If no, what were the da How many times during the Was any check from Appli Did you ever file for an unl	prmation property during the peates of occupancy? For each of the peates	MPLETED BY FORMER OR Control indicated above? □Yes □ From (month/year): // Applicant pay the rent late?non-sufficient funds (NSF)?st Applicant for unpaid rent?	No. Last effective mo	onthly rent? \$ ear):/ □0 □1-2	2 □3-5 □6 or mo	re No
Did Applicant provide notice  Did you ever serve a Three	e for ending tenancy  Day Notice to Appli	rent, utilities or damage to unit? according to the terms of the re	ental agreement? □Not applicable bec	ause Applica	□Yes □N	No nit
Information provided by: N Information obtained by: □		ax	Phone number (	)		



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#### **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

TO BE OUT	III EETEB BI AITE	IOAII I			
1. Authorization by rental Applicant for the release of in	formation				
I hereby authorize the release of the information requested I hereby acknowledge that the Landlord can make copie					ested.
Name	Phone nur	nber ()			_
Signature	Date				
TO BE COI	MPLETED BY LAND	LORD			
2. Person requesting the employment reference					
Name of Landlord					
Address				Unit #	
City		State	Zip		
Phone number ()	Fax numbe	r ()_			
<ul><li>3. Applicant's employment information:</li><li> Present OR  Prior Occupation (check one)</li></ul>					
Employer Name					
Employer Address					
City					
Supervisor's/HR Manager's Name	En	nployer/HR Pho	one number (_	)	
Beginning and Ending Dates of Employment					
Current Gross Income (if applicable) \$					
TO BE VERIFIED BY	CURRENT OR FOR				
4. Employment information verification		Verification <sub>I</sub>	provided by:		
Is the information provided in Section 3 above correct?		Name:			
Employer Name	☐ Yes ☐ No				
Employer Address	☐ Yes ☐ No				
Supervisor's/HR Manager's Name	Yes No	Title:			
Employer/HR Phone Number Beginning and Ending Dates of Employment	☐ Yes ☐ No ☐ Yes ☐ No				
Current Gross Income (if applicable)	☐ Yes ☐ No	Phone: (	)		
If No, please explain:		Verification ol	•		
· · · · · · · · · · · · · · · · · · ·			•		
		☐ Phone	□Mail	□Fax	



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