## **APPLICATION FOR RENTAL**

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

| APARTMENT                   | RENT                     | START DATE               | AGENT/REFERRED BY |                      |  |  |  |
|-----------------------------|--------------------------|--------------------------|-------------------|----------------------|--|--|--|
| 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 ADDRI              | ESS                      |                          |                   |                      |  |  |  |
| STREET ADDRESS              |                          | CITY                     | STATE             | ZIP                  |  |  |  |
| DATE IN                     | DATE OUT                 | LANDLORD NAME            |                   | LANDLORD PHONE       |  |  |  |
| MONTHLY RENT                | REASON FOR LEAVING       |                          |                   | ,                    |  |  |  |
| OTHER OCCUPAN               | NTS                      |                          |                   |                      |  |  |  |
| LIST NAMES AND BIRTH DA     | TES OF ALL ADDITIONAL OC | CUPANTS 18 YEARS OR OLDE | ER .              |                      |  |  |  |
| LICT NAMES AND DIDTH DA     | TEO OF ALL COOLIDANTO 40 | WEARS OR VOUNCER         |                   |                      |  |  |  |
| LIST NAMES AND BIRTH DA     | TES OF ALL OCCUPANTS 18  | YEARS OR YOUNGER         |                   |                      |  |  |  |
|                             |                          |                          |                   |                      |  |  |  |
| PETS                        |                          |                          |                   |                      |  |  |  |
| PETS?                       | DESCRIBE                 |                          |                   |                      |  |  |  |
|                             |                          |                          |                   |                      |  |  |  |
| EMPLOYMENT & I              | NCOME INFORMAT           | TON                      |                   |                      |  |  |  |
| 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 DESCRIF     | 1                        | MONTHLY INCOME           |                   |                      |  |  |  |
| 2. OTHER INCOME DESCRIPTION |                          |                          |                   | MONTHLY INCOME<br>\$ |  |  |  |
| EMERGENCY CONTACT           |                          |                          |                   |                      |  |  |  |
| 1. NAME                     | ADDRESS                  |                          | PHONE ( )         | RELATIONSHIP         |  |  |  |
| 2. NAME                     | ADDRESS                  |                          | PHONE ( )         | RELATIONSHIP         |  |  |  |
| PERSONAL REFERENCES         |                          |                          |                   |                      |  |  |  |
| 1. NAME                     | ADDRESS                  |                          | PHONE<br>( )      | RELATIONSHIP         |  |  |  |
| 2. NAME                     | ADDRESS                  |                          | PHONE ( )         | RELATIONSHIP         |  |  |  |
|                             |                          |                          |                   |                      |  |  |  |



| BACKGROUND IN   | FORMATION   |  |                     |  |  |  |
|---|---|--|---------------------|--|--|--|
| 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.  |  |                     |  |  |  |
|   | Been convicted of a crime? If yes, please provide Type of Offer ☐ Yes ☐ No  | nse, County, and State                                   | е.                  |  |  |  |
| VEHICLE INFORM  | ATION   |  |                     |  |  |  |
| 1. MAKE & MODEL   |   | YEAR   | LICENSE NO. & STATE |  |  |  |
| 2. MAKE & MODEL   |   | YEAR   | LICENSE NO. & STATE |  |  |  |
| OTHER VEHICLES  |   | •  | ,                   |  |  |  |
|   |   |  |                     |  |  |  |
| OTHER INFORMA   | TION  |  |                     |  |  |  |
| HOW DID YOU HEAR ABOUT  | THIS PROPERTY?  |  |                     |  |  |  |
| PLEASE INCLUDE ANY OTH  | ER INFORMATION YOU BELIEVE WOULD HELP TO EVALUA   | TE THIS APPLICATI  | ON                  |  |  |  |
|   |   |  |                     |  |  |  |
|   |   |  |                     |  |  |  |
|   |   |  |                     |  |  |  |
|   |   |  |                     |  |  |  |
| I/we, the undersigned, authorize On-Site.com, Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold On-Site.com, Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information.  Important information about your rights under the Fair Credit reporting Act:  You have a right to request disclosure of the nature and scope of the investigation.  You must be told if information in your file has been used against you. |   |  |                     |  |  |  |
| <ul><li>You have a right</li><li>You have the right</li><li>You have the right</li><li>inaccurate, incompared</li></ul>   | t to know what is in your file, and this disclosure may to ask for a credit score (there may be a fee for the to dispute incomplete or inaccurate information. mplete, or unverifiable information. | ay be free.<br>this service).<br>Consumer repor          |                     |  |  |  |
|   | g processed by On-Site.com, P.O. Box 1514, Los Alts under the Fair Credit Reporting Act is available byww.ftc.gov/credit  |  |                     |  |  |  |
| Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue N.W., Washington D.C. 20580   |   |  |                     |  |  |  |
|   |   |  |                     |  |  |  |

Date



(Signed/Applicant)





## **Consumer Report Disclosure and Authorization**

In connection with my application for housing, I understand that the property owner/agent 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 owner/agent to obtain a consumer report from the consumer reporting agencies listed above.

| Signature:               |  | -                                    |  |
|--------------------------|--|--------------------------------------|--|
| Name Printed:            |  | -                                    |  |
| Date:                    |  | -                                    |  |
| f you would like to rece | ive a copy of any investigative consumer report at n   | no cost to you, please initial here: |  |
| f vou would like to rece | ive a copy of any credit report at no cost to you, ple | ease 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.

