



"Small Company Big Difference"

66-350 Pierson Blvd. STE A
Desert Hot Springs, CA 92240

PH.: 760.329.2400 FAX: 760.329.3036

RENTAL APPLICATION

Every occupant over the age of 18 **MUST** complete a separate application.
Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH / /	MARITAL STATUS <input type="radio"/> SINGLE <input type="radio"/> MARRIED Since _____ <input type="radio"/> DIVORCED Since _____		DRIVERS LIC # STATE
PHONE - -	<input type="radio"/> CELL <input type="radio"/> HOME	WORK PHONE - -	EXT.: EMAIL
CURRENT HOME ADDRESS		CITY/STATE/ZIP	
HOW LONG?	CURRENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	RENT AMOUNT	Is your current rent up to date? Yes No	
PREVIOUS HOME ADDRESS	CITY/STATE/ZIP		
HOW LONG?	PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	RENT AMOUNT	Was your rent up to date? Yes No	

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	<input type="radio"/> INDOOR <input type="radio"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="radio"/> INDOOR <input type="radio"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="radio"/> INDOOR <input type="radio"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE#	STATE

Property Address applying for:

Desired Move-In Date:

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - - - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - - - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME

CURRENT INCOME \$ _____ WEEKLY BIWEEKLY MONTHLY YEARLY	SOURCE	PROOF OIF INCOME YES _____ NO _____
CURRENT INCOME \$ _____ WEEKLY BIWEEKLY MONTHLY YEARLY	SOURCE	PROOF OIF INCOME YES _____ NO _____
CURRENT INCOME \$ _____ WEEKLY BIWEEKLY MONTHLY YEARLY	SOURCE	PROOF OIF INCOME YES _____ NO _____

EMERGENCY CONTACT / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE - - - - - <input checked="" type="radio"/> CELL <input checked="" type="radio"/> HOME	PHONE - - - - - <input checked="" type="radio"/> HOME <input checked="" type="radio"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE - - - - - <input checked="" type="radio"/> CELL <input checked="" type="radio"/> HOME	PHONE - - - - - <input checked="" type="radio"/> HOME <input checked="" type="radio"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - - - - <input checked="" type="radio"/> CELL <input checked="" type="radio"/> HOME	PHONE - - - - - <input checked="" type="radio"/> HOME <input checked="" type="radio"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - - - - <input checked="" type="radio"/> CELL <input checked="" type="radio"/> HOME	PHONE - - - - - <input checked="" type="radio"/> HOME <input checked="" type="radio"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP

APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? Yes No	Has applicant ever been locked out of their home by the sheriff? Yes No
Has applicant ever filed for bankruptcy? Yes No	Has applicant ever been brought to court by another landlord? Yes No
Has applicant ever been guilty of a felony? Yes No	Has applicant ever broken a lease? Yes No
Is the total move-in amount available now (rent + deposit)? Yes No	Has applicant ever moved owing rent or damaged the property? Yes No

Applicant authorizes Landlord to contact past and present landlords, employers, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X _____
 APPLICANT SIGNATURE _____ DATE _____

NOTES:

****50% OF THE SECURITY DEPOSIT IS NON-REFUNDABLE IF CANCELLATION OCCURS****