

Application for Rental

Print out and return: Julie and Stan Elcock
P.O.Box 308 Arcata, CA 95518 or FAX (707)822-3781

Full Name _____ Phone (____) _____ Work Phone (____) _____

Social Security Number ____ - ____ - ____ Age _____ Birth date ____/____/____

Current Driver's License # _____ State _____

Present Address _____ City _____ State _____ Zip _____

How Long? _____ If renting, Apartment name/location _____ Phone (____) _____

Landlord/Manager name _____ Alternative Phone (____) _____

Why are you leaving?

Current Rent \$ _____

Previous Address _____ City _____ State _____ Zip _____

How long? _____ If renting, Apt. name/location _____ Phone (____) _____

Landlord/Mgr's name _____ Alternative Phone (____) _____

Why did you leave?

Rent Payment \$ _____

Present employer _____ Position _____ How long? _____

Address _____ Phone (____) _____

Gross Monthly Income before deductions \$ _____ Other Income \$ _____ Source _____

Former Employer _____ Position _____ How long? _____

Address _____ Phone (____) _____

Why did you leave?

CREDIT REFERENCES

This may include store credit cards Rental stores, car loans, small loans etc.

Bank _____ Acct# (s) _____ Branch _____

Checking Savings Loan(s)

City _____ State _____ Approx. Balance \$ _____ How long? _____

Other Active Credit Ref. _____ Account # _____ Exp. Date _____

Type of Account _____ Credit Limit \$ _____ How long _____ Are all payables current ? _____

Other Active Credit Ref. _____ Account # _____ Exp. Date _____

Have you ever been evicted? YES [] NO []

Have you ever had a foreclosure/repossession? Yes [] No []

Date _____ If yes , explain _____

Have you ever filled for bankruptcy? Yes [] No [] . If yes, Chapter 7 [] , Chapter 13 []

Explain _____

Have you ever been convicted of a crime, other than a traffic violation ? Yes [] No [] .

If yes, explain _____

PERSONAL REFERENCES

(List 3 persons, OTHER THAN YOUR RELATIVES, that we may contact to verify your character.)

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

EMERGENCY

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

OTHER INFORMATION

(Other persons, including children who will live in the dwelling unit)

Name _____ Name _____

Name _____ Name _____

*PETS

Name _____ Type _____ Weight _____ Name _____ Type _____ Weight _____

*NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fees. NO EXCEPTIONS.

Date of desired occupancy _____ Anticipated length of stay _____

Do you own: Vacuum cleaner [] Lawn mower [] Waterbed [] Musical inst. [] Smoker yes [] No []

LIST ALL MOTOR VEHICLES, INCLUDING RECREATIONAL TO BE KEPT AT THE PROPERTY

MAKE	COLOR	MODEL	YEAR	LICENSE PLATE#	STATE	MONTHLY PAYMENT
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE ID CARD, SOCIAL SECURITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2 (s) OR COPY OF LAST YEARS INCOME TAX RETURN ARE ATTACHED TO THE APPLICATION (), OR WILL BE PROVIDED (). I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

Applicant's Authorization

Date

Please print out this application and mail to:
Julie and Stan Elcock
P.O. Box 308
Arcata, CA 95518
Or Fax to: (707)822-3781