



Arroyo Grande office: 145 South Halcyon #H, Arroyo Grande, CA 93420

Tel: 805-489-9400 Fax:805-489-9439 - www.california-west.com CalBRE LIC # 00528841

email: ag@california-west.com

RENTAL APPLICATION
AG OFFICE

Property Address: Apt. No.

Name(s) of Applicant(s)

Other Name(s) used within last 3 years:

Names and Age of Other Occupants

When can you move in?

Have you ever been Evicted?

Pets & Service Animals (Number & Type):

A. Is the animal required because of a disability?

B. What work or task is the animal trained to perform?

Have you ever been convicted of a felony (if yes, explain)?

Present Address: City-State Zip

How long? Reason for leaving:

Landlords Name and Phone Number: Rent/Mo.:

Previous Address (Past 3 Years) City-State Zip

How long? Reason for leaving:

Landlords Name and Phone Number: Rent/Mo.:

Previous Address (Past 3 Years)

How long? Reason for leaving:

Landlords Name and Phone Number: Rent/Mo.:

Employment: (Applicant's Name:)

Social Security Number - - Driver's License Number

Birth Date (Mo.-Day-Yr.) (State and Expiration Date)

Present Employer: How Long?

Address: Telephone:

Employed as: Salary: \$ per

Employment for Other Occupant: (Applicant's Name:)

Social Security Number - - Driver's License Number

Birth Date (Mo.-Day-Yr.) (State and Expiration Date)

Present Employer: How long?

Address: Telephone:

Employed as: Salary:\$ per

Other Income: \$ Source:

Automobile License- No. _____ State of Registry: _____

Make & Model: _____ Year: _____ Color: _____

Automobile License- No. _____ State of Registry: _____

Make & Model: _____ Year: _____ Color: _____

In Case of Emergency:

Name of person to be informed: _____ Relationship: _____

Address: _____ Telephone: _____

AUTHORIZATION TO VERIFY INFORMATION

I authorize landlord or his authorized agents to verify the above information, including but not limited to obtaining a Credit Report. If this application is accepted I agree to execute the residential lease or rental agreement. Applicant declares that the above is accurate, complete and understands that any misrepresentation will disqualify the applicant.

Date _____ 20 _____ Applicant: _____

Telephone No. _____ Applicant: _____

Email: _____ Email: _____

A \$15.00 per adult non-refundable processing fee is charged upon receipt of an application!