

REHMANN REALTY GROUP

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8080 La Mesa Blvd Ste 207 – La Mesa CA 91942 PHONE (619) 440-5669 – FAX (619) 440-5655

GUARANTOR APPLICATION

ALL APPLICATIONS SHOULD BE COMPLETED IN FULL AND SIGNED TO BE CONSIDERED PLEASE PRINT YOUR INFORMATION CLEARLY

GUARANTOR FOR:					
Name of Applicant for Residency:					
First, Middle, Last Name:	/_ Date of Birth:		Relationship to Applicant:		
For the rental property located at:					
		Apt #	("Premises").		
The rent for which is \$ per month lease, the applicant shall pay all sums due, including	n. Upon approval of this appling required security deposit o	ication, and execution of a ref	ental agreement or occupancy.		
GUARANTOR : (Please attach a copy of your picture)	re ID with your application)				
Last Name First I	t Name First Name		Middle Name		
Other Names used in the last 10 years					
Date of Birth:/ Social S	Security No or ITIN:				
Driver's License #	Expiration	_//State			
Other Government ID Nº:					
Work Phone: () Home P	'hone: ()	Cell Phone: ()	-		
Email Address :		Other Phone ()			
ADDRESS:					
Current Address:	Apt# City_	State	Zip		
Present address is (Check One): Owned Home Rented Home Rented A	Apartment 🔲 Other:				
If Owned: Mortgage Monthly Payment \$					
If Renting: Owner/Agent	Phone ()	Compl	ex		
Tenancy From:/ To:	_// Monthly Ro	ent \$			
Have you ever been delinquent on your rent? \square Y	′es 🔲 No				

EMPLOYMENT INFORMATION	ON:							
Current Employment: Your Status: Full Time	Part Time	Э						
Employer Name:								
How long with this employer:								
Employer Address:					Phone ()		
Current Title:		Supervisor's Na	me:		Phone ()	·	
Are you currently employed w	vith the above	company?	Yes 🔲 N	No				
*We will be contacting curre	ent employer	to verify the ac	curacy of all	of the above	-stated info	rmation.		
CURRENT INCOME (Please	attach proof c	of income with yo	ur application)				
Income: \$	_ 🔲 Weekly	☐ Bi-Weekly	☐ Monthly	Yearly	Proof of	Income:	Yes	☐ No
OTHER INCOME SOURCES	<u>:</u>							
List Any Other Income Source	e(s) (if any) _							
Income: \$	_ 🔲 Weekly	☐ Bi-Weekly	☐ Monthly	Yearly	Proof of	Income:	Yes	□ No
Income: \$	_ 🔲 Weekly	☐ Bi-Weekly	☐ Monthly	Yearly	Proof of	Income: \Box	Yes	☐ No
GENERAL INFORMATION:								
Have you ever been delinque	nt on any fina	ncial obligation?	☐ Yes ☐	No				
Have you ever filed for bankru	uptcy? 🗖 Yes	No No						
Have you ever been evicted f	or non-payme	nt of rent or any	other reason'	? 🗆 Yes 🗀	No			
Applicant represents that the authorizes verification of its furnish additional credit ref Applicant certifies under per to obtain applicant's tenant investigate the information acknowledges that owner sowner's option a material action. Owner/Agent will require a used to screen Applicant will require a second control of the control o	ems including erences or of enalty of perjicy, credit an n provided I hall rely on t and non-cura	g, but not limite ther information ury that the fore of criminal histonerein, and to he information ble breach of a non-refundal	ed to the obtain upon reque egoing is true ory reports, make furthe provided her any subseque	aining of tena st. e and correct and further er inquiry a rein, and that ent rental ag	ncy and cre , and author authorizes o nd review a any materia reement and	edit reports rizes owner owner and as necessa al misstater d grounds	and aging or his agents agents agents will for immediate which is	agents ents to blicant lediate to be
itemized as follows: 1. Actual cost of credit re 2. Cost to obtain, process 3. Total fee charged \$45.0 Applicant authorizes verific to, tenant screening and cre	port, unlawfu and verify s 0 ation of infor	Il detainer seard creening inform mation supplie	ch, public rec nation (may i	cords, crimina nclude staff t	al search \$2 ime and oth	7.50 er soft cost	ts) \$17.5	50
Date		A	oplicant (siç	<mark>gnature requ</mark>	uired)			

TO PAY CREDIT CHECK FEE BY CREDIT CARD PLEASE FILL OUT THE FOLLOWING:

Cardholder's Name:		VISA Visa	MasterCard	AMERICAN EXPRESS	DISCOVER
Phone ()	Email Address :				
Billing Address:					
City:	State:		Zip:		
Credit Card Number:	-	-	Expiration	Date:	/
Description: CREDIT CHECK FEE		Amount: \$45.00			
Date	Signatur	e (Required for credit ca	<mark>rd payment)</mark>		

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PROPERTY MANAGEMENT DIVISION 8080 La Mesa Blvd Ste 207 – La Mesa CA 91942 PHONE (619) 440-5669 – FAX (619) 440-5655