

		P. 707-447-7797 F.	707-447-0582					
Residence Desired:			Desired Date of Occupancy					
Unit Number	Rent		Lease Period					
\$30.00 Credit Check Fee I	Paid?	Сору	of IDs Received?	ceived?				
Credit check fees ar refundable and are u process the applicate deposit must be certi	e \$30 per person oused to cover the action (\$24.00). Application for the second	r married couple and ctual cost of the cred cants must provide pro- sonal checks accepte	end to reside in the unit made in the unit made is the second of the second end of t	applicant. The s the cost to ol picture ID. First as been establi	se fees are otain, verify t months rer	non- , and nt and		
FULL NAME		<u>, 2,1001012 mu</u>	<u> </u>					
FULL NAME	FIRST	MIDDLE	LAST		MAIDEN	_		
	DRIVERS LICENSE #			STATE		_		
SOCIAL SECURITY #	TELEPHONE #							
SPOUSE								
	FIRST	MIDDLE	LAST		MAIDEN	_		
DATE OF BIRTH		DRIVERS LICENSE #		STATE				
SOCIAL SECURITY #	т	ELEPHONE#	HOME	WORK		_		
OTHER RESIDENTS		RELATIO		AGE				
PETS? (Number & Kind) *Picture will be required p	prior to move in							
PRESENT		<u>RESIDENCE I</u>	<u>HISTORY</u>					
ADDRESS	Address	City	St	ate	Zip	_		
MOVE IN DATE		RENT AMOUN	NT					
PRESENT LANDLORD			TELEPHONE #					
	Friend or Relative?_	yesno	Have they been notified of your	intent to move?	yes	no		
DATE NOTICE GIVEN	REASON	FOR MOVING				_		
PREVIOUS ADDRESS					.=======	==		
ADDRESS	Address	City	State	Zip				
DATES			RENT	AMOUNT				
FROM: MO/DAY	/ YEAR	TO: MO / D	DAY / YEAR					
PREVIOUS LANDLORD _			TELEPHON	NE #				
	Friend or Relative	?yesno						

DATE NOTICE GIVEN	REASON F	OR MOVING				
	ed, refused to pay rent, or					
		EMPLOYMENT INF	ORMAT	TION .		
Present Employer					How long?	
Employer's address					Telephone	
Position		Supervisor Name	e & Con	tact Info		
	ome				Part time	
Present Net Monthly Inco	ome	Check	one:	Full time	Part time	Temporary
	amount and source)					
		EMPLOYMENT INFORM	IATION-	-SPOUSE		
Present Employer					How long?	
Employer's address					Telephone	
Position		Supervisor Name	e & Con	tact Info		
	ome	Check	one:	Full time	Part time	Temporary
Previous Employer				Dates em	oloyed from:	to:
Employer's Address				Teleph	one	
Position		Supervisor Name	e & Con	tact Info		
•	ome	Check	one:	Full time		
			=====		=========	
STHER INCOME (Explain	amount and source)					
Number of automobiles (	Including company vehicle	OTHER INFOR	MATION	<u> </u>		
Number of automobiles ( Make		Year	Colc	or	License #	State
Make		Year				
Make		Year		or		

## IN CASE OF EMERGENCY

NOTIFY	Telephone			
RELATIONSHIP ADDRESS				
	PERSONAL REFERENCES (Non-related)			
Name				
	Telephone			
Address	·			
Have you ever filed bankruptcy? Yes No_	Dismissal Date?			
Have you ever been convicted of a felony? Ye	es No If yes, please explain			
obtaining of a credit report and agrees to furnish routine methods proves negative or insufficient the	s are true and correct and hereby authorizes verification of the above items including, but not limited to the additional credit references upon request. Applicant also agrees that when information verified through that this agency reserves the right to obtain additional information such as is public record at the agent's ED BY APPLICANT SHALL RESULT IN DISQUALIFICATION.			
SIGNATURE	DATE			
SIGNATURE	DATE			
	PERMISSION TO RELEASE INFORMATION			
Printed Name of Applicant	Printed Name of Applicant			
	does not discriminate in housing based on national origin, race, religion, physical disability, to be illegal. We do business in Accordance with the Fair Housing Act (The Civil Rights Act of adments Act).			
	ir agents to obtain relevant information about me/us for the purpose of evaluating my/our lity for affordable housing programs, whenever applicable.			
and caseworkers, banks and other financial	disclose such information: landlords, credit reporting agencies, employers, payees, instructors organizations. They may disclose such information as rental, payment or work history, and gencies, grants, scholarships, retirement, investments, gifts or any other source.			
	reserves the right to obtain additional information on matters, which are of Public Record at all other information verified through routine methods prove negative or insufficient.			
	will not release this information EXCEPT, as necessary, to related agencies in connection with programs (whenever applicable) as the law requires as well as to the owners of the property.			
I KNOW that I may receive a copy of this Aut	thorization upon request.			
I AGREE that a photographic or faxed copy of	of this Authorization shall be as valid as the original.			
SIGNATURE OF APPLICANT	SIGNATURE OF APPLICANT DATE			