

RENTAL APPLICATION

1012 Pacific Grove Lane | Pacific Grove, CA 93950 | Ph (831) 646.0614 F (831) 646.8947

**NOTICE: All adult applicants (18 years or older) must complete a separate Rental Application Form**

The undersigned hereby makes application to rent Apartment number \_\_\_\_\_ located at \_\_\_\_\_ Pacific Grove Lane, Pacific Grove, CA 93950. Beginning on \_\_\_\_\_ 20\_\_\_\_\_, at a monthly rental of \$ \_\_\_\_\_

**GENERAL INFORMATION**

FULL NAME \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you ever?\*:  Yes  No Filed for bankruptcy?  
 Yes  No Been evicted from tenancy?  
 Yes  No Willfully or intentionally refused to pay rent when due?

(\*If you answered "yes" to any of the questions above, please provide details on a separate sheet of paper.)

Name of Co-Applicant(s) (Please list Names and Birthdates of ALL occupants 18 years or older) \_\_\_\_\_

Other Occupants (Please indicate Names & Birthdates of ALL other occupants) \_\_\_\_\_

**VEHICLE INFORMATION**

Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_

Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_

**PET(S)** (Pets are subject to management approval. Please indicate ALL pets here. A separate pet application is required.)

Number of Pets \_\_\_\_\_ Kind(s) of Pets (i.e. cat, dog etc.) \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current Status (Check all that apply):  Employed Full-Time  Employed Part-Time  Student  Retired  Unemployed

**CURRENT** Employer / School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone ( ) \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ Estimated Miles to Work \_\_\_\_\_

Job Title \_\_\_\_\_ Industry \_\_\_\_\_

\*Start Date (mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*If employed by above less than six (6) months, please provide name and address of your Previous Employer or School

**PREVIOUS** Employer / School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If there were other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_ Phone ( ) \_\_\_\_\_



## RENTAL APPLICATION CONT.

**RESIDENCY HISTORY** (Please list residency history for last three (3) years, beginning with most recent)

**CURRENT** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apartment Community Name (if applicable) \_\_\_\_\_

Move In Date (mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Scheduled Move Out Date (mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate per Month \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Owner or Agent Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**PREVIOUS** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apartment Community Name (if applicable) \_\_\_\_\_

Move In Date (mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Move Out Date (mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate per Month \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Owner or Agent Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**PREVIOUS** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apartment Community Name (if applicable) \_\_\_\_\_

Move In Date (mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Move Out Date (mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate per Month \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Owner or Agent Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**EMERGENCY CONTACTS**

**Nearest relative not living with you**

FULL NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Other Emergency Contact**

FULL NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rent is to be payable the **1st** day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ \_\_\_\_\_ as earnest money to be refunded to me if this application is not accepted within **three (3)** days from the date of application. Upon acceptance of this application, this deposit shall be retained as the security deposit. When so approved and accepted I agree to execute a lease for \_\_\_\_\_ **months** before possession is given. Cancellation occurring after **three (3)** days of the date of application will result in a forfeiture of this deposit as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation should I not take possession. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance which the owner or his agent may reject without stating any reason for so doing.

**I RECOGNIZE THAT AS A PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.**

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_



RENTAL APPLICATION DATA SHEET

To help us in better serving our residents, please tell us why you chose 17 Mile Drive Village Apartments as your new home. (Please select one):

- |  |   |
|--|---|
| <input type="checkbox"/> Accent Wall Program   | <input type="checkbox"/> Location to Freeways/Public Transportation |
| <input type="checkbox"/> Apartment Design Elements (i.e. color of walls, carpet, etc.) | <input type="checkbox"/> Location to Shopping/Entertainment         |
| <input type="checkbox"/> Apartment Features (i.e. appliances, view etc.)               | <input type="checkbox"/> Pet Program                                |
| <input type="checkbox"/> Apartment Floorplan/Layout                                    | <input type="checkbox"/> Preferred Employer Program                 |
| <input type="checkbox"/> Apartment Size  | <input type="checkbox"/> Rental Furniture Options                   |
| <input type="checkbox"/> Amenities (i.e. pool, gym, etc.)                              | <input type="checkbox"/> Rental Rate                                |
| <input type="checkbox"/> Community Appeal (i.e. building, landscape etc.)              | <input type="checkbox"/> School District                            |
| <input type="checkbox"/> Lease Term  | <input type="checkbox"/> Special                                    |
| <input type="checkbox"/> Location to Employment/ School                                | <input type="checkbox"/> Your Community Consultant                  |
| <input type="checkbox"/> Location to Friends/Family                                    | <input type="checkbox"/> Other _____                                |

The information below will be used to process an investigative consumer report. For your added security, after the required reports are received, this page will be destroyed.

FULL NAME \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

