



P O Box 1102
 Pacifica, CA 94044
 (650)355-6001
 (413)740-0593 FAX

Rental Application

Name	Social Security#	
	CDL #	Exp. Date
Name of Co-Tenant	Social Security#	
	CDL #	Exp. Date
Present Address	City	State/Zip
	Home#	Work#
How Long at Address	Landlord	Phone#
Current Rent	Pd Thru	Lease Exp.
Previous Address	City	State/Zip
How Long at Address	Landlord	Phone#
Occupants	Age	Pets?
	Age	
	Age	

	PRESENT OCCUPATION	PRIOR OCCUPATION	CO-TENANTS OCCUPATION
Occupation			
Employer			
Self-Employed D.B.A.			
Business Address			
Business Phone			
Type of Business			
Position held			
Name & Title of Supervisor			
How Long			
Monthly Gross Income			

Bank Reference:		Address:		Phone:	
Credit Reference	Account #	Address	Highest Amount Owed	Purpose for Credit	Account Open or Date Closed
Personal Reference	Address	Phone	Length of Acquaintance	Occupation	
Nearest Relative	Address	Phone	City	Relationship	

Have you filed a petition for bankruptcy? _____ Have you ever been evicted from any tenancy? _____
 Have you ever willfully and intentionally refused to pay any rent when due? _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF CONSUMER CREDIT REPORT.

I agree that Landlord may terminate my agreement entered into in reliance on any misstatement made above.

Applicant: _____ Applicant: _____ Dated: _____