

Rental Application

NAME OF TENANT:	DATE OF BIRTH:	SOCIAL SECURITY NO: _____ - ____ - ____
NAME OF CO-TENANT:	DATE OF BIRTH:	SOCIAL SECURITY NO: _____ - ____ - ____
PRESENT ADDRESS:	CITY:	STATE: ZIP:
RESIDENCE PHONE:	BUSINESS PHONE:	CELL PHONE: EMAIL:
HOW LONG AT PRESENT ADDRESS:	LANDLORD:	RENT AMT: PHONE: W HY MOVING?
PREVIOUS ADDRESS: :	CITY:	STATE: ZIP
OCCUPANTS RELATIONSHIP:	CHILDREN/AGES:	PETS/BREED:
CAR MAKE:	YEAR:	MODEL: COLOR: LICENSE NO:

OCCUPATION

	PRESENT OCCUPATION*	PRIOR OCCUPATION	CO-TENANT'S OCCUPATION
OCCUPATION (FULL TIME OR PART)			
EMPLOYER			
SELF-EMPLOYED, D.B.A.			
BUSINESS ADDRESS			
BUSINESS PHONE			
TYPE OF BUSINESS			
POSITION HELD			
NAME AND TITLE OF SUPERVISOR			
HOW LONG EMPLOYED			
MONTHLY GROSS INCOME			

If employed or self employed less than 2 years, give same information on prior occupation.

REFERENCES

BANK REFERENCE	ACCOUNT #	PHONE
CREDIT REFERENCE	ACCOUNT NO.	ADDRESS HIGHEST AMT OW ED PURPOSE OF CREDIT DATE OPEN/CLOSED
PERSONAL REFERENCE	ADDRESS	PHONE LENGTH OF ACQUAINTANCE OCCUPATION
NEAREST RELATIVE	ADDRESS	PHONE CITY RELATIONSHIP

Do you smoke? _____

Have you ever filed for bankruptcy? _____

Have you ever been evicted from tenancy? _____

List any outstanding liens, judgments, & collections: _____

Have you ever been charged with a felony? _____

Have you ever willfully and intentionally refused to pay rent when due? _____

I DECLARE THAT THE FORGOING INFORMATION IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CONSUMER CREDIT REPORT. I AGREE THAT LANDLORD MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE OF ANY MISSTATEMENT MADE ABOVE. ALL SECURITY DEPOSITS TENDERED ARE NON REFUNDABLE.

_____ APPLICANT

_____ APPLICANT

_____ DATE

_____ DATE

Property Address: _____

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