

Amador Lakes Apartments

APPLICATION TO RENT OR LEASE

Unit Address/Unit Type _____ Move-in Date _____ Rental Rate _____

APPLICANT INFORMATION (All sections must be completed)

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other name used in the last 10 years				Work Phone		Home Phone Number ()	
Date of Birth		E-mail Address				Mobile/Cell Phone Number ()	
		Email Communication: <input type="checkbox"/> Opt-in <input type="checkbox"/> Opt-out					
Photo ID/Type	Number			Issuing government/Entity			Exp. Date
Will you have pets? (Pets require our consent) YES or NO		How many?	Type(s)		Breed:	Weight:	Age:

OTHER OCCUPANTS (Individual applications required from each occupant 18 years of age or older)

Full Name		Date of Birth		Full Name		Date of Birth	
Full Name		Date of Birth		Full Name		Date of Birth	

RENTAL/MORTGAGE HISTORY (2 years history required)

1.	Current address					City		State		Zip	
	Move in Date			Owner/Agent/Mgmt Name			Owner/Agent/Mgmt phone number ()				
	Reason for moving						Current Rent/Mortgage \$ /month				
2.	Previous address					City		State		Zip	
	Date in		Date out		Owner/Agent/Mgmt Name			Owner/Agent/Mgmt phone number ()			
	Reason for moving						Rent/Mortgage \$ /month				
3.	Previous address					City		State		Zip	
	Date in		Date out		Owner/Agent/Mgmt Name			Owner/Agent/Mgmt phone number ()			
	Reason for moving						Rent/Mortgage \$ /month				

EMPLOYMENT

Status Full/Time <input type="checkbox"/> Part/Time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/>							
A.	Present Occupation / Position					Employer name	
	Date of employment			Employer phone number ()		Employer address	
	Supervisor or HR Contact					City, State, Zip	

Current gross income (monthly) \$		List additional verifiable income/assets you want considered: Source/Bank: _____ Amount per month: _____				
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CREDIT REFERENCES

Name of your bank	Branch or address	Saving/Checking Account Number

PERSON TO NOTIFY IN CASE OF EMERGENCY (Cannot be someone who intends to reside in the premises)

Full Name:	Phone ()
Address: Street, City, State, Zip	Relationship

FILED FOR BANKRUPTCY?	[Yes / No]	Date:	If Yes, date of DISCHARGE:
BROKEN A RENTAL AGREEMENT OR LEASE?	[Yes / No]	Date:	If Yes, EXPLAIN:
BEEN EVICTED OR ASKED TO MOVE OUT?	[Yes / No]	Date:	
BEEN SUED FOR NON PAYMENT OF RENT?	[Yes / No]	Date:	
FORECLOSURE OR SHORT SALE?	[Yes / No]	Date:	
BEEN SUED FOR DAMAGE OF A RENTAL?	[Yes / No]	Date:	

Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit and eviction report and agrees to furnish additional credit references upon request. The undersigned warrants that the above stated information is true and correct and any information contained in the Application which is false, misleading, or inaccurate shall be cause for rejection of the Application. Applicant consents to allow Management to disclose tenancy information to previous or subsequent Owners/Agents. The undersigned hereby offers to rent premises on terms and conditions described herein. THE UNDERSIGNED APPLICANT REPRESENTS THAT HE/SHE AND THE OTHER LISTED OCCUPANTS ARE THE ONLY INTENDED OCCUPANTS OF SUBJECT PREMISES. IF THIS APPLICATION IS NOT APPROVED AND ACCEPTED BY MANAGEMENT, THE DEPOSIT WILL BE REFUNDED; HOWEVER, THE APPLICATION FEE IS NON REFUNDABLE. THE APPLICANT HEREBY WAIVES ANY CLAIM FOR DAMAGES BY REASON OF NON-ACCEPTANCE WHICH MANAGEMENT MAY REJECT WITHOUT STATING A REASON. Upon acceptance and before taking occupancy, Applicant agrees to pay balance due (listed on the Holding Agreement) and to execute the Rental Agreement.

Applicant (signature required)

Date

Received

Date