

APPLICATION TO RENT

Tenant
 Guarantor

(All sections must be completed) **Individual applications required from each occupant 18 years of age or older.**

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other names used in the last 10 years				Work phone number ()		Home phone number ()	
Date of birth		E-mail address				Mobile/Cell phone number ()	
Photo ID/Type		Number		Issuing government		Exp. date	Other ID
1.	Present address			City		State	Zip
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving						Current rent \$ /Month	
2.	Previous address			City		State	Zip
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving							
3.	Next previous address			City		State	Zip
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving							
Proposed Occupants: List all in addition to yourself	Name			Name			
	Name			Name			
	Name			Name			
Will you have pets?	Describe			Will you have a waterbed?		Describe	
How did you hear about this rental?							
<input type="checkbox"/> am <input type="checkbox"/> am not a member of the Armed Forces (including the National Guard and Reserves)							
A.	Present occupation or source of income			Employer name			
Dates of employment		Supervisor's phone number ()		Employer address			
Name of your supervisor				City, State, Zip			
B.	Prior occupation			Employer name			
Dates of employment		Supervisor's phone number ()		Employer address			
Name of your supervisor				City, State, Zip			
Current gross income \$		Per	Check one <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		Please list ALL of your financial obligations below.		
Name of your bank		Branch or address			Account Number		



California Apartment Association Approved Form
www.caanet.org
Form 3.0-R - Revised 1/09 - ©2009 - All Rights Reserved
Page 1 of 2

**Unauthorized Reproduction
of Blank Forms is Illegal.**



RECEIPT FOR TENANT SCREENING AND/OR CREDIT CHECKING FEES

On _____, Owner/Agent received \$ _____ from the undersigned, hereinafter called "Applicant,"
(Date)
who offers to rent from Owner/Agent the premises located at:



ROBERTA
FLANAGAN
 REALTOR, INC.



RANCHES • HOMES • INCOME PROPERTY



TENANT RELEASE AND CONSENT

I, _____ the undersigned hereby authorize all persons or companies in the categories listed below to release with liability, information regarding employment, income, and/or assets to **Roberta Flanagan Realtors, Inc.**, for the purposes of verifying information's on my/our rental applications.

INFORMATION COVERED:

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal, identity, employment, income, and assets, medical or child care allowances. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information includes, but are not limited to:

Past & Present Employers

Welfare Agencies

Veterans Administration

Past & present landlords (including Public Housing Institutions)

State Agencies

Banks and other Financial Agencies

Support and Alimony Providers

Social Security Administration

Retirement Systems

Medical & Child Care Providers

CONDITIONS:

I agree that a photocopy or fax may be used for the purposes state above. The original of this authorization is on file. Information obtained in this application is valid for 3 months with this office. I understand I have the right to review this file and correct any information that is incorrect.

Signature

Printed name

Date