

California Rental Application

An individual application is required from each occupant 18 years of age or older. By submitting this Rental Application, authorization is given to the Community to obtain a credit report and any other reports necessary to confirm the information disclosed below on the Applicant. Government Issued ID is necessary. **If the applicant has been issued a U.S. Social Security Number it needs to be provided below.** Please print.

OFFICE USE ONLY		
Community Name:	Apartment Number:	Monthly Rent:
Lease Term:	Move-In Date:	Date Received:
Resident Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of referring resident or referral source:	Other:	Date:

APPLICANT INFORMATION	
Legal Name: (First, MI, Last; disclose any alias, if applicable)	Date of Birth:
<input type="checkbox"/> Please check this box if you have been issued a U.S. Social Security Number. U.S. Social Security Number:	<input type="checkbox"/> Please check this box if you have not been issued a U.S. Social Security Number. Please provide an alternate form of government issued ID below. Type of ID: ID #:
Driver License #:	State Issued:

NAMES OF PERSONS WHO WILL ALSO OCCUPY THE APARTMENT OTHER THAN YOURSELF	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

CURRENT ADDRESS				
Street Address:	City:	County:	State:	Zip:
Best Contact Phone #: ()	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other: _____			
Additional Contact Phone #: ()	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other: _____			
Email Address:				
Monthly Rent Paid: \$	How long at this address Years: Months: From: To:			
Landlord or Community Name:	Phone #: ()	Email:		

PREVIOUS ADDRESS			
Street Address:	City:	State:	Zip:
Monthly Rent Paid: \$	How long at this address Years: Months: From: To:		
Landlord or Community Name:	Phone #: ()	Email:	

CURRENT EMPLOYMENT			
Company Name:		Position:	Gross Monthly Income: \$
Address:		City:	State: Zip:
Length of Employment: Years: Months: From: To:		Phone #: ()	Email:
Supervisor's Name:		Phone #: ()	Email:
Other Income (monthly): \$		Source:	
PREVIOUS EMPLOYER (INFORMATION REQUIRED IF YOU HAVE BEEN WITH CURRENT EMPLOYER LESS THAN ONE YEAR)			
Company Name:		Position:	Gross Monthly Income:
Address:		City:	State: Zip:
Length of Employment: Years: Months: From: To:		Phone #: ()	Email:
PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS			
1. Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you ever been evicted or asked to move? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Have you ever been convicted for selling, distributing or manufacturing illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PETS (NAME, COLOR, SEX, BREED AND WEIGHT INFORMATION IS ONLY REQUIRED FOR CATS AND DOGS.)			
Pet Type: <input type="checkbox"/> No Pet <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____		Name:	Color:
		Breed/Mix:	Sex:
			Approximate Weight:
Pet Type: <input type="checkbox"/> No Pet <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____		Name:	Color:
		Breed/Mix:	Sex:
			Approximate Weight:
AUTOMOBILES			
Year:	Make/Model:	Color:	License Plate #:
Year:	Make/Model:	Color:	License Plate #:
BANKING INFORMATION			
Bank Name:			
EMERGENCY CONTACT (OTHER THAN OCCUPANT IN YOUR NEW APARTMENT)			
Name:		Relationship:	Phone #: ()
Address:		City:	State: Zip:
WHAT FACTORS MOST INFLUENCED YOUR DECISION TO CHOOSE THIS COMMUNITY? (CHOOSE UP TO THREE)			
<input type="checkbox"/> Apartment Features/Finishes	<input type="checkbox"/> Property Appearance	<input type="checkbox"/> Rent Amount	<input type="checkbox"/> Parking
<input type="checkbox"/> Location/Convenience	<input type="checkbox"/> Personal Safety	<input type="checkbox"/> Lease Terms	<input type="checkbox"/> Community Amenities
<input type="checkbox"/> Staff/Management	<input type="checkbox"/> Floor Plans	<input type="checkbox"/> Community Policies	<input type="checkbox"/> Other: _____
PLEASE PROVIDE THE FOLLOWING TO ASSIST US IN PROCESSING YOUR APPLICATION			
1. Driver License, State I.D. Card, or other government-issued photo identification			
2. Proof of Income (upon request)			
3. Other information requested by your leasing representative.			
I authorize you to obtain an investigative report in connection with this application. I also understand that any false, deceptive or absent information will result in the rejection of this application.			
Signature:		Date:	
Renter's Insurance will be required prior to move-in. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.			
THANK YOU FOR CHOOSING BRE PROPERTIES, INC.			