

## Tell Us About Yourself (use additional sheets if necessary)

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #		TYPE OF ID	STATE OR GOVERNMENT THAT ISSUED THE ID
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS	
PRESENT ADDRESS			COUNTY	WORK TELEPHONE #	
CITY	STATE	ZIP	HOME TELEPHONE #	MOBILE TELEPHONE #	
LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)					
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
PRESENT ADDRESS IS (Check one): <input type="checkbox"/> OWNED HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> STUDENT HOUSING <input type="checkbox"/> OTHER:					
IF RENTING: PRESENT LANDLORD OR APARTMENT COMMUNITY / IF OWNED: NAME OF MORTGAGE COMPANY				FROM:	TO:
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY					
CITY	STATE	ZIP	TELEPHONE #		
HOW LONG?	MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE:	REASON FOR LEAVING:		
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS) (Check one): <input type="checkbox"/> OWNED HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> STUDENT HOUSING <input type="checkbox"/> OTHER:					
IF RENTING: PREVIOUS LANDLORD OR APARTMENT COMMUNITY / IF OWNED: NAME OF MORTGAGE COMPANY				FROM:	TO:
ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY					
CITY	STATE	ZIP	TELEPHONE #		
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE:	REASON FOR LEAVING:		
HAVE YOU LIVED IN AN EQUITY RESIDENTIAL COMMUNITY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHICH ONE (Include city and/or state)?		FROM:	TO:

## Employment

EMPLOYER (COMPANY NAME)		HOW LONG?	MONTHLY GROSS INCOME		
ADDRESS		CITY	STATE	ZIP	
JOB TITLE		SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #	
OTHER SOURCE(S) OF INCOME	WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES		
FORMER EMPLOYER (IF LESS THAN TWO YEARS AT CURRENT JOB)		HOW LONG?			
ADDRESS		CITY	STATE	ZIP	
JOB TITLE		SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #	

## Motor Vehicles (including cars, trucks, boats, motorcycles - if permitted at property):

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

## Pets (pets require our consent)

TYPE	BREED	WEIGHT	NAME	LICENSE/TAG #
1.				
2.				

## Person to Notify in Case of Emergency, Death or Incapacity\* (cannot be someone who intends to reside in the premises)

NAME	RELATIONSHIP	HOME TELEPHONE #	WORK TELEPHONE #	MOBILE TELEPHONE #
ADDRESS		CITY	STATE	ZIP

Will you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community?  Yes  No  
 If so, identify the person and the type of special assistance required:

**Criminal Background Information**

 Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)?    Applicant  Yes  No    Occupants  Yes  No

 Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?    Applicant  Yes  No    Occupants  Yes  No

 Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?    Applicant  Yes  No    Occupants  Yes  No

If "Yes" to any of the above questions, give details and dates: \_\_\_\_\_

**How did you hear about our community?**

- |  |   |
|--|---|
| <input type="checkbox"/> Internet (which site?) _____  | <input type="checkbox"/> Resident (name?) _____           |
| <input type="checkbox"/> Drive-By <input type="checkbox"/> Rental Publication (Which One?) _____ | <input type="checkbox"/> Rental Agency (Which One?) _____ |
| <input type="checkbox"/> Locator Service (Which One?) _____                                      | <input type="checkbox"/> Other _____                      |

**PLEASE READ CAREFULLY AND SIGN BELOW**

**Correct Information--** You represent that all of the above statements are true and complete. You hereby authorize us to contact any references listed above and/or to obtain consumer reports or investigative consumer reports, which may include credit, rental payment history and criminal background information and information regarding character, general reputation, personal characteristics, and mode of living, about you and any Occupant(s) in the premises in order to verify the above information. These reports may be covered under the California Investigative Consumer Reporting Agencies Act ("CICRAA"). Any reports will be prepared by Kroll Factual Data, 5200 Hahns Peak Drive, Loveland, CO 80538, 800-929-3400. Under the CICRAA, you have a right to request a copy of the investigative consumer report from the Investigative Consumer Reporting Agency named above. Attached is a copy of Section 1786.22 of the CICRAA outlining your right to access the information contained in the investigative consumer report. You may also obtain a copy of the consumer report or investigative consumer report from us by checking the box below. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of the tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you.

**I have read and agree to the provisions as stated.**
 I wish to be provided with a copy of the report obtained from Kroll Factual Data.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Application Processing Fee required with application:                      \$30.00\*

\*This fee is applied as follows: Actual cost of credit report and other relevant reports: \$7.11; Cost of obtaining, processing and verifying results of screening process: \$22.89.

Total Holding Deposit\*\* (Per Apartment, if any):                      \$ \_\_\_\_\_

Holding Deposit amount paid by this applicant:                      \$ \_\_\_\_\_

Address of Apartment/Premises being held: \_\_\_\_\_

**OFFICE USE ONLY**

 Apartment Number \_\_\_\_\_  
 Apartment Size/Description \_\_\_\_\_  
 Anticipated Move-in Date \_\_\_\_\_  
 Lease Start Date \_\_\_\_\_  
 Lease End Date \_\_\_\_\_  
 Quoted Monthly Apartment Rent \_\_\_\_\_

**Property Staff Initials** \_\_\_\_\_

**\* Authorization for Providing Access in the Event of Emergency, Death or Incapacity.** If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

**\*\* Holding Deposit Agreement.** You understand that the holding deposit is not a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that your election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to other potential tenants. We both agree that the forfeiture of the holding deposit, in such instance, is not a penalty, but represents a fair and reasonable estimate of the costs that we will incur as a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.

**INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT**  
**California Civil Code Section 1786.22**

- (a) An Investigative Consumer Reporting Agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
  - (1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  - (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative Consumer Reporting Agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
  - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an Investigative consumer Reporting Agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The Investigative Consumer Reporting Agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The Investigative Consumer Reporting Agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An Investigative Consumer Reporting Agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.