

CALIFORNIA APPLICATION TO LEASE

One Application must be filled out COMPLETELY by each adult applicant.

WARNING: This application may be refused and/or rejected if it is not signed, complete, or legible; if satisfactory identification is not presented; if any information is false, cannot be verified, or does not meet Owner's criteria; if additional information is requested from Applicant and is refused; or a Co-Applicant is rejected.

Applicant Type: Resident Cosigner

Print Full Name- Last, First, Middle	Date of Birth	Social Security # or ITIN	Other names used in the last 10 years
Photo ID/Type	Number	Issuing Government/State	Expiration Date

Email Address	Work Phone Number	Home Phone Number	Mobile/Cell Phone Number
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RESIDENCE

Present Address (Number, Street, City, Zip)			Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>	Current Payment
				\$ _____ per month
Date In	Date Out	Owner/Agent Name	Owner/Agent Phone Number	

Previous Address (Number, Street, City, Zip)			Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>	Previous Payment
				\$ _____ per month
Date In	Date Out	Owner/Agent Name	Owner/Agent Phone Number	

Full names and dates of birth of all other occupants who will reside with you:	
Name: _____	Date of Birth _____
Name: _____	Date of Birth _____
Name: _____	Date of Birth _____
Name: _____	Date of Birth _____
Do you have a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many? _____	What type(s)? _____ Pet Name(s) _____
Pet 1 Weight _____ Age _____ Breed _____ Color _____	Pet 2 Weight _____ Age _____ Breed _____ Color _____
Have you ever been evicted or asked to move? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> What Year? _____	
County and State where filed: _____	
Do you owe an outstanding balance to another apartment community or landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> What Year? _____	
Name of Owner/Agent _____	
Have you ever been convicted of a felony that involved an offense against property, persons, government officials, or that involved firearms, the selling, distributing, or manufacturing of illegal drugs, or sex or sex crimes, in the previous seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

Applicant Name (Printed)	Social Security # or ITIN
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EMPLOYMENT or other verifiable source of income

Present Employer (If self-employed, name of business)	Phone #	Type of business	Position	Dates of Employment
Business address (Number, Street, City, Zip)		Supervisor Name	Supervisor Phone #	Monthly Gross Income \$ _____ per month
Monthly Gross Additional Verifiable Income \$ _____ per month	Source of Additional Verifiable Income: _____		Total Gross Monthly Income: (Monthly Income + Additional Verifiable) \$ _____ per month	

(Example: Pension, Investment Income/Dividend, Social Security, Alimony, Student Loan)

PERSONAL

In case of emergency, please notify: (Local name, address and phone number)

Name	Relationship	Home Phone Number	Work Phone Number	Mobile/Cell Phone Number
Address				

Reference Name:	Address	Phone Number	Length of Acquaintance

Please list all automobiles:

Make	Model	Year	Color	License Number	State of Issue

Do you own any recreation vehicles? Yes No
PARKING OF RECREATION VEHICLES, BOATS, LARGE TRUCKS OR TRAILERS IS PROHIBITED

Do you own a waterbed? Yes No

Are you a member of the Armed Forces (including the National Guard and Reserves)? Yes No

Do you have renter's insurance? Yes No
**YOU WILL BE REQUIRED TO CARRY A MINIMUM \$100,000 LIABILITY POLICY.
PROOF WILL BE REQUIRED UPON MOVE IN**

How did you first learn of this apartment community?

Drive By/Signs

Rental Magazine Please Specify: _____

Internet Please Specify: _____

Referral Name, Phone # & Unit # _____

Apartment Locator Service Please Specify: _____

Other Please Specify: _____

What feature(s) attracted you to this apartment community? _____

Applicant Name (Printed)	Social Security # or ITIN
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This application is made for the purpose of procuring rental of herein described premises, and for credit clearance.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application and all supporting documents whether or not it is approved. I hereby authorize SARES · REGIS Management Company, through its designated agent and its employees to check my credit, employment, and rental history, and to answer questions about my credit experience. I understand that should I lease an apartment, SARES · REGIS Management Company, and its agents shall have a continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

I hereby agree to release and hold harmless SARES · REGIS Management Company, its agents, servants and employees from any and all liability, legal proceedings and costs including attorney's fees arising out of either the verification of the information contained on this application form or the release of this information to other parties.

All of the above data and information set forth herein including, but not limited to, the statement of my income and financial condition is warranted to be true and accurate and to fully and correctly state my financial condition as of the date of this application. I also covenant and agree to notify you of any changes in the status of any of the aforementioned items during the period of my tenancy.

It is also understood that the application fee is not a deposit and will not be refunded or applied to rent if applicant is approved or denied.

Applicant's Signature

Date Signed

Signature of Leasing Consultant

Date Signed

For Office Use Only		
Government Issued Photo ID verified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee Initials _____	Address _____
SS#/ITIN confirmed with applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Apt. Type _____
Total Income confirmed with applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Move-In Date _____
Page 1 Checkboxes reviewed? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Rent _____
Application signed by applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	