



DATE: January – December 2011
TO: Prospective Tenant(s)
FROM: Residential Income Department
RE: Application Procedures

Thank you for your interest in one of EBMC’s rental properties. We do our best to process complete applications within two to three business days of receipt. In order for us to process your application immediately, please review and comply with the following:

- Ensure you list your current and previous landlords name and contact information.
- Sign in **ALL appropriate places**. Note: There are **4 different places** for you to sign.
- Submit proper income verification. We need your **last two paycheck stubs**. If self-employed, please provide your most recent tax returns or 1099’s.
- We will need **official photo identification** (driver’s license, passport, etc). Note: DO NOT FAX. If you cannot bring a copy to our office, please arrange to mail or email a copy.
- **\$25 Application Fee** – This is required for **each adult over the age of 18**. This is a non-refundable fee and must be paid in a guaranteed form such as money order or cashier’s check (**No cash or personal checks for application fee**). Without your application fee, your application is incomplete and will not be processed.
- Note: Failure to submit all information/documentation will result in automatic denial of application.

Please note, approval of applications is based on several factors including income, credit history and rental/housing history. If you do not meet the standards, you may be offered other remedies such as a higher deposit or having a co-signor. Co-signors must complete a separate rental application. Please note, this will be determined on a case-by-case basis.

My signature below indicates I understand and agree with the terms as outlined above.

Date: _____ Signature: _____

Questions or concerns may be directed to the Rental Department at (707) 584-5123.

California Dept. of Real Estate Licensees:

Elena Fernandez – DRE #01857960	(707) 584-5123 Ext 144	Email: elenafernandez@ebmc.com
Nancy Johnson – DRE #01424802	(707) 584-5123 Ext 179	Email: nancyjohnson@ebmc.com
Donna Nordby – DRE #01442901	(707) 584-5123 Ext 122	Email: donnanordby@ebmc.com
Carol Martino – DRE #00672506	(707) 584-5123 Ext 152	Email: carolmartino@ebmc.com

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?							
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					
Other income source _____ Amount \$ _____ Frequency _____							
Other income source _____ Amount \$ _____ Frequency _____							



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Name of your bank	Branch or address	Account Number

Please list ALL of your financial obligations below.

Name of Creditor	Address	Phone Number	Monthly Pymt. Amt.
		()	
		()	
		()	
		()	
		()	
		()	

In case of emergency, notify:	Address: Street, City, State, Zip	Relationship	Phone
1.			
2.			

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
1.				
2.				

Automobile: Make: _____ Model: _____ Year: _____ License #: _____

Automobile: Make: _____ Model: _____ Year: _____ License #: _____

Other motor vehicles: _____

Have you ever filed for bankruptcy? _____ Have you ever been evicted or asked to move? _____

Have you ever been convicted of selling, distributing or manufacturing illegal drugs? _____

Applicant represents that all the above statements are true and correct, authorizes verification of the above items and agrees to furnish additional credit references upon request. Applicant authorizes the Owner/Agent to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Owner/ Agent to disclose tenancy information to previous or subsequent Owners/Agents.

Owner/Agent will require a payment of \$ _____, which is to be used to screen Applicant.

The amount charged is itemized as follows:

1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$ _____
2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$ _____
3. Total fee charged \$ _____

The undersigned is applying to rent the premises designated as:

Apt. No. _____ Located at _____

The rent for which is \$ _____ per _____. Upon approval of this application, and execution of a rental/lease agreement, the applicant shall pay all sums due, including required security deposit of \$ _____, before occupancy.

_____ **Date**

_____ **Applicant (signature required)**



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CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.



RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 2. Copies of this form and of the Applicant's signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

1. Person requesting the rental reference

Name of Owner/Agent _____
Address _____ Unit # _____
City _____ State _____ Zip _____
Phone number (_____) _____ Fax number (_____) _____

2. Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Rental Applicant Reference Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name _____ Phone number (_____) _____
Signature _____ Date _____

3. Applicant's rental information

Name of rental community (if any) _____
Address of rental unit _____ Unit # _____
City _____ State _____ Zip _____
Name of Owner/Agent _____
Phone number (_____) _____ Fax number (_____) _____
Move-in date: Month _____ Year _____ Move-out date: Month _____ Year _____ or current resident

4. Rental reference information provided by former or current Owner/Agent

Did Applicant live at your property during the period indicated above? Yes No
If no, what were the dates of occupancy? From (month/year): _____ / _____ To (month/year): _____ / _____
How many times during the past 12 months did Applicant pay the rent late? 0 1-2 3-5 6 or more
Was any check from Applicant returned due to non-sufficient funds (NSF)? Yes No
Did you ever file for an unlawful detainer against Applicant for unpaid rent? Yes No
If yes, what was the result? _____

Does Applicant owe any amount for delinquent rent, utilities or damage to unit? Yes No
Did Applicant provide notice for ending tenancy according to the terms of the rental agreement? Yes No
 Not applicable because Applicant still resides at unit
Did you ever serve a Three Day Notice to Applicant Yes No
If yes, please explain: _____

Information provided by: Name _____ Phone number (_____) _____
Information obtained by: Phone Mail Fax

Please mail or fax this form to the person listed in section 1 as soon as possible (within 24-48 hours)



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EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 2. Copies of this form and of the Applicant's signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

1. Person requesting the employment reference

Name of Owner/Agent _____
Address _____ Unit # _____
City _____ State _____ Zip _____
Phone number (_____) _____ Fax number (_____) _____

2. Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Employment Verification Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name _____ Phone number (_____) _____
Signature _____ Date _____

3. Applicant's employment information:

Present **OR** Prior Occupation (check one)

Employer Name _____
Employer Address _____
City _____ State _____ Zip _____
Supervisor's Name and Phone Number _____ Phone number (_____) _____
Beginning and Ending Dates of Employment _____
Current Gross Income (if applicable) \$ _____

4. Employment information verified by former or current Employer

Is the information provided in Section 3 above correct?

<input type="checkbox"/> Present	<input type="checkbox"/> Prior Occupation (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Name		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Address		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor's Name and Phone Number		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beginning and Ending Dates of Employment		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Gross Income (if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If No, please explain: _____

Please mail or fax this form to the person listed in section 1 as soon as possible (within 24-48 hours)



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