



EUGENE BURGER
MANAGEMENT
CORPORATION

6600 Hunter Drive TEL 707 584-5123
Rohnert Park, CA 94928 FAX 707 584-5124

www.ebmc.com

DATE: January – December 2017
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:

- An application must be completed by **each adult who is 18 years and older**. There is also a **\$30 Application Fee**, required for each adult 18 years and older. This is a **non-refundable fee** and must be paid in a guaranteed form such as money order or cashier check (**No cash or personal checks for application fee**). Without your application fee, your application will not be processed.
- 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 equal to 1 month of paychecks**.
- If self-employed, provide your recent tax return or 1099’s and proof of income (3 Months of bank statements).
- 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.
- 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 and references. 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 Department of Real Estate Licensees:

Gabrielle Baum BRE# 01955224 Phone: 707-584-5123 EXT. 144 EMAIL: gabriellebaum@ebmc.com
Robin Crusoe BRE# 01516001 Phone: 707-584-5123 EXT. 158 EMAIL: robincrusoe@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 out						Current rent \$ /Month	
2.	Previous address			City		State	Zip
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving out							
3.	Next previous address			City		State	Zip
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving out							
Proposed Occupants: List all in addition to yourself	Name			Name			
	Name			Name			
	Name			Name			
Do you have pets?	Describe			Do you have a waterbed?	Describe		
How did you hear about this rental?							
A.	Current Employer Name			Job Title or Position		Dates of Employment	
	Employer address				Employer/Human Resources phone number ()		
	City, State, Zip				Name of your supervisor/human resources manager		
Current gross income		Check one					
\$		Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year					
B.	Prior Employer Name			Job Title or Position		Dates of Employment	
	Employer address				Employer/Human Resources phone number ()		
	City, State, Zip				Name of your supervisor/human resources manager		
Other income source		Amount \$		Frequency			
Other income source		Amount \$		Frequency			



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)



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



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 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

1. 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 below. 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 _____

TO BE COMPLETED BY OWNER/AGENT

2. Person requesting the rental reference

Name of Owner/Agent _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Phone number (_____) _____ Fax number (_____) _____

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

TO BE COMPLETED BY FORMER OR CURRENT OWNER/AGENT

4. Rental reference information

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



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 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

1. 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 below. 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 _____

TO BE COMPLETED BY OWNER/AGENT

2. Person requesting the employment reference

Name of Owner/Agent _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Phone number (_____) _____ Fax number (_____) _____

3. Applicant's employment information:

- Present OR Prior Occupation (check one)

Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Supervisor's/HR Manager's Name _____ Employer/HR Phone number (_____) _____

Beginning and Ending Dates of Employment _____

Current Gross Income (if applicable) \$ _____

TO BE VERIFIED BY CURRENT OR FORMER EMPLOYER

4. Employment information verification

Is the information provided in Section 3 above correct?

- | | | |
|--|------------------------------|-----------------------------|
| Employer Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employer Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supervisor's/HR Manager's Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employer/HR 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 |

Verification provided by:

Name: _____

Title: _____

Phone: (_____) _____

If No, please explain: _____

Verification obtained by:

- Phone Mail Fax

