

# RENTAL APPLICATION AND DEPOSIT RECEIPT • Please fill out this rental application carefully and fully.

Please attach a Money Order or Cashier's check for **\$30 per applicant** payable to Arcadian apartments for processing application.

**ARCADIAN APARTMENTS**

APT. TYPE \_\_\_\_\_ APT. NO. \_\_\_\_\_

## APPLICANT INFORMATION

|                     |            |                               |                                    |  |
|---------------------|------------|-------------------------------|------------------------------------|--|
| APPLICANT LAST NAME | FIRST NAME | M.I. <input type="checkbox"/> | BIRTHDATE <input type="checkbox"/> | SOCIAL SECURITY # <input type="checkbox"/> |
|---------------------|------------|-------------------------------|------------------------------------|--|

|  |               |                                       |
|--|---------------|---------------------------------------|
| DRIVER'S LICENSE NUMBER & STATE <input type="checkbox"/> | EMAIL ADDRESS | PHONE NUMBER <input type="checkbox"/> |
|--|---------------|---------------------------------------|

|   |              |                |                        |                          |
|---|--------------|----------------|------------------------|--------------------------|
| LIST ALL PERSONS TO RESIDE IN APARTMENT | ADULTS _____ | CHILDREN _____ | NAMES & DATES OF BIRTH | <input type="checkbox"/> |
|---|--------------|----------------|------------------------|--------------------------|

|                                   |  |   |  |
|-----------------------------------|--|---|--|
| MARRIED<br>UNMARRIED<br>SEPARATED | SPOUSE'S NAME <input type="checkbox"/> | DO YOU HAVE A PET YES NO <input type="checkbox"/> | SIZE & TYPE OF PET<br>NUMBER OF PETS _____ |
|-----------------------------------|--|---|--|

|  |   |  |   |                          |
|--|---|--|---|--------------------------|
| DO YOU HAVE LIQUID-FILLED FURNITURE <input type="checkbox"/> | HAVE YOU EVER BEEN EVICTED <input type="checkbox"/> | HAVE YOU EVER DECLARED BANKRUPTCY <input type="checkbox"/> | DO YOU HAVE CREDIT YES NO APPROXIMATE MONTHLY PAYMENTS \$ _____ | <input type="checkbox"/> |
|--|---|--|---|--------------------------|

|   |                |              |  |                          |
|---|----------------|--------------|--|--------------------------|
| HOW DID YOU HEAR OF OUR COMMUNITY? (PLEASE CHECK ONE) | APARTMENTS.COM | SIGNAGE      | RESIDENT REFERRAL (NAME OF RESIDENT) _____ | <input type="checkbox"/> |
|   | RENTNET        | YELLOW PAGES | CRAIGSLIST                                 |                          |
|   | NEWSPAPER      | APT. GUIDE   | OTHER _____                                |                          |

|                                     |      |              |              |                          |
|-------------------------------------|------|--------------|--------------|--------------------------|
| IN CASE OF EMERGENCY PLEASE NOTIFY: | NAME | RELATIONSHIP | PHONE NUMBER | <input type="checkbox"/> |
|-------------------------------------|------|--------------|--------------|--------------------------|

|                              |      |       |     |
|------------------------------|------|-------|-----|
| ADDRESS OF EMERGENCY CONTACT | CITY | STATE | ZIP |
|------------------------------|------|-------|-----|

|                 |      |       |     |                          |
|-----------------|------|-------|-----|--------------------------|
| PRESENT ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> |
|-----------------|------|-------|-----|--------------------------|

|              |               |                    |                            |
|--------------|---------------|--------------------|----------------------------|
| MOVE IN DATE | MOVE OUT DATE | OWNER/MANAGER NAME | OWNER/MANAGER PHONE NUMBER |
|--------------|---------------|--------------------|----------------------------|

|                  |      |       |     |                          |
|------------------|------|-------|-----|--------------------------|
| PREVIOUS ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> |
|------------------|------|-------|-----|--------------------------|

|              |               |                    |                            |
|--------------|---------------|--------------------|----------------------------|
| MOVE IN DATE | MOVE OUT DATE | OWNER/MANAGER NAME | OWNER/MANAGER PHONE NUMBER |
|--------------|---------------|--------------------|----------------------------|

|                       |      |       |     |                          |
|-----------------------|------|-------|-----|--------------------------|
| NEXT PREVIOUS ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> |
|-----------------------|------|-------|-----|--------------------------|

|              |               |                    |                            |
|--------------|---------------|--------------------|----------------------------|
| MOVE IN DATE | MOVE OUT DATE | OWNER/MANAGER NAME | OWNER/MANAGER PHONE NUMBER |
|--------------|---------------|--------------------|----------------------------|

## EMPLOYMENT

|   |          |                                    |
|---|----------|------------------------------------|
| PRESENT EMPLOYER <input type="checkbox"/> | POSITION | HOW LONG? <input type="checkbox"/> |
|---|----------|------------------------------------|

|   |            |                   |
|---|------------|-------------------|
| GROSS MONTHLY SALARY <input type="checkbox"/> | WORK PHONE | SUPERVISOR'S NAME |
| \$ _____ PER                                  |            |                   |

|  |          |                                    |
|--|----------|------------------------------------|
| ADDITIONAL EMPLOYER <input type="checkbox"/> | POSITION | HOW LONG? <input type="checkbox"/> |
|--|----------|------------------------------------|

|   |            |                   |
|---|------------|-------------------|
| GROSS MONTHLY SALARY <input type="checkbox"/> | WORK PHONE | SUPERVISOR'S NAME |
| \$ _____ PER                                  |            |                   |

|   |          |     |                          |
|---|----------|-----|--------------------------|
| ADDITIONAL INCOME—DESCRIBE SOURCE AND HOW TO VERIFY | \$ _____ | PER | <input type="checkbox"/> |
|---|----------|-----|--------------------------|

|  |          |                                    |   |
|--|----------|------------------------------------|---|
| PREVIOUS EMPLOYER <input type="checkbox"/> | POSITION | HOW LONG? <input type="checkbox"/> | GROSS MONTHLY SALARY <input type="checkbox"/> |
|  |          |                                    | \$ _____ PER                                  |

| VEHICLES  |  |   |             |             |
|---|--|---|-------------|-------------|
| NUMBER OF VEHICLES TO BE <input type="checkbox"/> | DO YOU OWN ANY R.V.'S, MOTORCYCLES, ETC. IF SO, SPECIFY: |   |             |             |
| PARKED ON PROPERTY _____                          |  |   |             |             |
| VEHICLE—TYPE/COLOR <input type="checkbox"/>       | YEAR <input type="checkbox"/>                            | LICENSE NUMBER <input type="checkbox"/> | LOAN HOLDER | MO. PAYMENT |
|   |  |   |             | \$ _____    |
| VEHICLE—TYPE/COLOR <input type="checkbox"/>       | YEAR <input type="checkbox"/>                            | LICENSE NUMBER <input type="checkbox"/> | LOAN HOLDER | MO. PAYMENT |
|   |  |   |             | \$ _____    |

|                                |
|--------------------------------|
| \$ _____                       |
| RENT                           |
| _____                          |
| PET RENT                       |
| _____                          |
| SECURITY DEPOSIT               |
| _____                          |
| PET DEPOSIT                    |
| _____                          |
| APPLICATION FEE                |
| _____                          |
| TOTAL CHARGES                  |
| _____                          |
| LESS DEPOSIT & APPLICATION FEE |
| _____                          |
| \$ _____                       |
| TOTAL DUE ON MOVE IN           |

Management received a payment of \$ \_\_\_\_\_, which is to be used to screen Applicant with regards to credit history and other background information. 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 (may not exceed \$30 per applicant) \$ \_\_\_\_\_

**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.

In consideration of the sum of \$ \_\_\_\_\_, Management agrees to reserve \_\_\_\_\_ for Applicant until \_\_\_\_\_. Should Applicant rent said property, said sum shall be applied to the security deposit. If applicant cancels this reservation within 48 hours from the date of this application, said amount shall be refunded. Should Applicant fail to rent said property and the 48 hour period has expired, the amount received hereunder shall be retained by Management in consideration for removing said property from the market for said period. If this application is not accepted by Management within seven (7) days from the date of this application, said amount shall be refunded. In the event the premises are not ready for occupancy by said date, the Management shall refund the money paid by applicant hereunder or applicant shall have the option of extending the reservation until such time as the property is available for occupancy. Applicant agrees that Management shall not be liable for any delay in the date said property is ready for occupancy. Falsification or unverifiable information will be grounds for denial of said rental application. Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional information on request.

**FIRST MONTH RENT AND SECURITY DEPOSIT MUST BE PAID BY CASHIERS CHECK OR MONEY ORDER PRIOR TO MOVE-IN.**

MOVE-IN DATE \_\_\_\_\_

S-101 MANAGEMENT COMPANY - AGENT FOR OWNER

APPLICANT

By \_\_\_\_\_

By \_\_\_\_\_

AGENT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE