

# Shasta Creek Apartments Application to Rent

**Owner to Complete:**

<b>Property Address:</b> _____	<b>Desired Move-in Date</b> ___/___/___
<b>Monthly Rent:</b> \$ _____	<b>Amount of Deposits:</b> \$ _____
<b>Amount of Fees:</b> \$ _____	
<b># of Units Available:</b> _____	<b>Applicant No.</b> _____
<b>Date:</b> ___/___/___	<b>Time:</b> _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Examined picture identification</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Type of identification</b> _____	

**PERSONAL INFORMATION**

**Applicant:** \_\_\_\_\_  
First Middle Last

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
S.S. # \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Driver's License, State and #: \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_  
First Middle Last

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
S.S. # \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Driver's License, State and #: \_\_\_\_\_

**1) Current Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Since: \_\_\_/\_\_\_/\_\_\_ Current Landlord \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_  
Why are you moving? \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

**2) Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Previous Landlord \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_  
Why did you move? \_\_\_\_\_

**3) Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Previous Landlord \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_  
Why did you move? \_\_\_\_\_

**Have you ever:**

Been Evicted?  Yes  No Been sued by Landlord?  Yes  No Filed Bankruptcy?  Yes  No  
Been convicted, pleaded guilty, or no contest to a crime?  Yes  No If Yes to any of these, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT/INCOME**

- 1) Applicant's Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Monthly take home pay: \$ \_\_\_\_\_  Full-time  Part-time
- 2) Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Monthly take home pay: \$ \_\_\_\_\_  Full-time  Part-time
- 3) Spouse's Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Monthly take home pay: \$ \_\_\_\_\_  Full-time  Part-time
- 4) Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Monthly take home pay: \$ \_\_\_\_\_  Full-time  Part-time

Other Income (per month) \$ \_\_\_\_\_ Source: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Other Income (per month) \$ \_\_\_\_\_ Source: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

**BANK REFERENCES**

- 1) Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 2) Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 3) Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

**PERSONAL REFERENCES**

- 1) Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last  
 Address: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Street City State Zip
- 2) Emergency Contact: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_
- 3) Other \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

**PERSONAL PROPERTY**

- 1) Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
 2) Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
 3) Other Vehicles/Boats \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**Do you own the following:**

Piano/Organ  Yes  No Water-filled furniture  Yes  No Fish Tank or Aquarium  Yes  No

**Pet (If allowed)**

Type: \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_ Has Pet ever injured anyone or damaged anything?  Yes  No

**APPLICANT'S COMMENTS & EXPLANATION:**

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**MEMBERS OF HOUSEHOLD**

For purposes of identification only, please list names and either ages or dates of birth of other persons to occupy units:

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**APPLICANT SCREENING CHARGE DISCLOSURE(S)**

- 1) Owner/Agent may obtain a tenant screening or credit report which generally consists of:
  - a) credit history including credit standing;
  - b) public records, including but not limited to judgments, liens, evictions and status of collection accounts;
  - c) information verifications;
  - d) current obligations and credit ratings; and
  - e) criminal records
- 2) Owner/Agent is requiring payment of an Applicant Screening Charge \$\_\_\_\_\_, none of which is refundable unless the Owner/Agent does not screen the applicant. Application valid for up to two weeks from date of receipt by Owner/Agent.

I understand I have the right to dispute the accuracy of any information provided to the Owner/Agent by a screening service or credit reporting agency. I am aware that an incomplete application may cause delays or result in denial of tenancy. I certify the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and credit standing (including, but not limited to credit checks). If Owner/Agent is requiring payment of an applicant screening charge, applicant acknowledges receiving a copy of or reading Owner/Agent's Screening Guidelines.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

