### CERTIFIED REALTORS

459 ½ PALORA AVENUE, YUBA CITY, CA 95991

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#### **APPLICATION REQUIREMENTS & RENTAL POLICY:**

### **APPLICATION REQUIREMENTS:**

- 1. Picture ID (Driver's License or State issued identification) AND Social Security Card
- 2. At least one (1) month recent pay stubs/proof of income
- 3. Non-Refundable Application Fee: \$30.00 per adult (age 18+)
- 4. Application fee: paid in cash, cashier's check or money orders (No personal checks accepted).
- 5. Self-employed income (last year's business tax return and/or year to date P&L (Income Statement)

**APPLICANT:** All persons 18 years and older are required to fill out an application.

**AGE:** Prospective resident(s) must be 18 years of age or older.

**HOUSEHOLD:** Household size limited to two (2) persons per bedroom.

**INCOME:** Monthly Gross income (total before taxes) should be at least three (3) times the amount of the Rent.

**EMPLOYMENT:** If employed for less than one (1) year, we will also verify your previous employment records

**PREVIOUS RESIDENCE:** A payment history, no less than six (6) months, of timely payments at the same location, or at least two (2) previous addresses.

**RENT:** Rent is due and payable in full by the first of each month.

CASH: We do NOT accept cash for security deposits, rent and late rent fees, etc.

**MOVE IN:** First Month rent plus security deposit must be PAID IN FULL prior to move in. Money Order or Cashier's check is the only acceptable form of payment for the holding deposit and initial move in charges. After the initial move in, personal checks will be accepted.

**PETS:** No dogs, cats, birds, reptiles, rodents, and/or exotic animals are permitted unless authorized in advanced by owner/management in writing. Additional deposit will be required for **OUTDOOR ONLY PETS** based on size and type of animal. **PITBULLS or any mixed breed of dog that is part PITULL are not permitted on the premises under any circumstance.** 

**SMOKING:** NO SMOKING is allowed inside the unit/house and the premises.

**RENTERS LIABILITY INSURANCE:** is **REQUIRED** on all properties with a <u>minimum of \$100,000</u> in coverage (policy must also include personal property coverage). Proof of policy must be submitted no later than <u>5</u> days prior to move in date. Failure to obtain the correct policy in the specified time frame may result in loss of rental. (Please do not obtain policy until you have been approved for a property)

We will access and verify your employers, rental history and credit standing through Tenant Screening (TSC, Inc.)

### Rental applications may be denied for the following reasons:

- 1. False information on the application
- 2. Incomplete or unsigned rental application
- 3. Credit report contains collections, bankruptcies, judgments or liens
- 4. Two or more sixty (60) day delinquencies on credit report.
- 5. Any current disputes with landlords or prior evictions.
- 6. Unfavorable rental references.
- 7. Unable to verify income or employment
- 8. Threatening or abusive language or behavior towards staff during application process is an automatic disqualification.

Applicant Names: (Age 18+)	Contact Phone Number	Email Address
1.		
2.		

Application for Rental Property Address:				

# **RENTAL APPLICATION**

Important: All information must be completed in its entirety. Please print clearly and legibly to ensure accurate and timely processing:

Address/Unit Ap	plying For:					
APPLICANT #1					Suffix	:
ATTLICANT #1	Last	First Name		Mid	dle	
Any other			H	Home No: (	)	
name(s) used:				Cell No:	)	
			V	Vork No. (	)	
SS#	Date o	f Birth:	Age:	DL or	ID#	
APPLICANT #2					Suffix	:
ATTEICANT #2	Last	First Name		Mi	ddle	
Any other			I	Home No: (	)	
name(s) used:				Cell No:	)	
			V	Vork No. (	)	
SS#	Date o	f Birth:	Age:	DL or	ID#	
ADDRESS:						
Current Address:			City:		State/Zip:	
Landlord's Name:			Phone No:	)		
( ) Own ( ) Rent	Monthly Rent or Mortgage:	\$	Move in date:		Move out date	:
Reason for leaving:						
Previous Address:			City:		State/Zip:	
Landlord's Name:			Phone No:	)		
( ) Own ( ) Rent	Monthly Rent or Mortgage:	\$	Move in date:	,	Move out date	:
Reason for leaving:						
EMPLOYER:						
APPLICANT #1 Em	ployer:			Phone No:		
Address:		City:		State/Zip:	-	
Human Resources Pho	one No: ( )			Fax No:	( )	
Position:		Hire Date:		Salary: \$		Hourly/Mo
APPLICANT #1 Em	ployer:			Phone No:		
Address:		City:		State/Zip:		
Human Resources Pho	one No: ( )			Fax No:	( )	
Position:		Hire Date:		Salary: \$		Hourly/Mo

#### **EMPLOYER: APPLICANT #2 Employer:** Phone No: Address: City: State/Zip: Fax No: Human Resources Phone No: ( Hourly/Mo Hire Date: Position: Salary: \$ **APPLICANT #2 Employer:** Phone No: Address: City: State/Zip: Fax No: Human Resources Phone No: ( Position: Hire Date: Salary: \$ Hourly/Mo **GENERAL INFORMATION: Automobile 1:** Year Make/Model Color: License# Automobile 2. Year Make/Model Color: License# **PERSONAL REFERENCES:** 1. Name: Address: Phone: 2. Name: Address: Phone: 3. Name: Address: Phone: **ADDITIONAL OCCUPANTS INFORMATION:** 1. Name: Date of Birth: Relationship: Age: 2. Name: Relationship: Age: Date of Birth: Date of Birth: 3. Name: Relationship: Age: 4. Name: Relationship: Date of Birth: Age: 5. Name: Relationship: Date of Birth: Age: Date of Birth: Relationship: 6. Name: Age: **NEAREST RELATIVES:** Name Address: Relationship Phone No:

Address:

Phone No:

Name

Relationship

Have you ever been a pa	arty to an eviction?	Yes	☐ No	
Have you ever filed ban	kruptcy?	Yes	☐ No	
Have you ever been convicted of a Crime? Yes No If Yes, please explain on the back of the application.				
Do you have any Credit	t Cards?	Yes	No Total Balance Due \$	
Do you have any Loans	?	Yes	No Total Balance Due \$	
Do you have any PETS: Type/Breed:		Yes	□ No	
OTHER INCOME (Soci	ial Security, Retirement,	Self Employ	yedetc)	
Type of Income: (Source	ee)			
<b>Person Receiving Incom</b>	ne:			
Pay Dates:	( )Monthly	v ( )Bi-	weekly ( )Weekly	
Amount of Income: \$				
You do not have to list income from Alimony, Child Support unless you want us to consider it a factor.				
SELF EMPLOYED	Yes	N	0	
If you are self-employed your business license.	please include your mo	ost recent bu	siness tax return (Form1040) and a copy of	
Business Name:				
Type of Business:				
Name of Owner:				
How long in business?				
Monthly Income: \$				

## **AUTHORIZATION**

In connection with my rental application, I authorize <u>Certified Realtors</u>, (the "Landlord or Property Management Company") to obtain a "consumer report" (background report) about me. The background check company who will be conducting such checks is **Tenant Screening Center**, Inc., 6570 Oakmont Drive, Suite B, Santa Rosa, CA 95409, toll-free phone: 1-800-523-2381, <u>www.tsci.com</u>.

I acknowledge the background report may contain information concerning my character, general reputation, personal characteristics, mode of living, and credit history/standing. The types of information that may be obtained include, but are not limited to: social security number verification, criminal records check, verification of previous and current landlords, verification of employment, and credit reports.

Selection criteria that may result in denial of my rental application includes: criminal history; previous rental history; credit history; or failure to provide accurate or complete information on the application form.

I agree the Landlord or Property Management Company may rely on this form to obtain background reports throughout my tenancy without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provide inaccurate or incomplete information, your application may be rejected and your application fee will not be refunded.

California Applicants Only: Check this box if you would like a free copy of	f your background check report:
Washington State applicants: You also have the right to request from the summary of your rights and remedies under the Washington Fair Credit	
Applicant Signature	Date (Month/Day/Year)
Print Name	
Applicant Signature	Date (Month/Day/Year)
Print Name	
If requested ONLINE please indicate the File(s) #	