



**MAIN
STREET
REALTORS**

2567 Main Street

Soquel, CA 95073

tel: 831.462.4000

fax: 831.462.4FAX

**Main Street Realtors
Property Management**

Qualifications for Prospective Rental Applicants

A non-refundable \$25.00 per person or \$35.00 per married couple processing fee is due upon presentation of your application. Your application will not be processed without a paid fee.

- 1) Each applicant 18 years and older must fill out a separate application.
- 2) Please fill out application in full. Any deletion of information will delay processing or application may not be processed.
- 3) Your credit must be in good standing with no unpaid collections.
- 4) You must have good landlord references from prior landlords.
- 5) We will verify income and must provide 2 most recent check stubs.
- 6) You must provide copy of current driver's license or CA I.D card.

**ALL MOVE IN MONIES MUST BE PAID BY CASHIER'S CHECK
OR MONEY ORDER AT/OR PRIOR TO MOVE IN.**

If you have any questions, please contact our Property Manager:

Elizabeth Hefner @ (831) 462-4000 ext.202

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? | | | | | | | |
| I <input type="checkbox"/> am <input type="checkbox"/> am not a member of the Armed Forces (including the National Guard and Reserves) | | | | | | | |
| 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 | | Please list ALL of your financial obligations below. | |
| Name of your bank | | Branch or address | | | | Account Number | |
| | | | | | | | |
| | | | | | | | |



| 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 and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. 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 with respect 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 (cannot exceed \$30 per applicant, which may be adjusted annually with the CPI as of 1-1-98)\$ _____

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)

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.



California Apartment Association Approved Form
www.caanet.org
Form 3.0 – Revised 1/08 – ©2008 – All Rights Reserved
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**Unauthorized Reproduction
of Blank Forms is Illegal.**



Authorization to Release Information

Head of Household _____

Social Security Number _____

Other Adult Member _____

Social Security Number _____

Other Adult Member _____

Social Security Number _____

Property : _____

Unit #: _____

CONSENT:

I authorize and direct any Federal, State, or Local agency organization, business or individual to release to the Main Street Realtors any information or material needed to complete and verify my application for participation. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: Identity and Marital Status; Residence and Rental Activity; Credit and Criminal Activity; Employment, Income and Assets; and Medical or Child Care Allowances.

I understand that this authorization cannot be used to obtain any information about me that is nor pertinent to my eligibility or continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individual(s) that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)
Courts and Post Offices
Banks and other Financial Institutions
Credit Providers
Law Enforcement Agencies
State Employment Agencies
Credit Bureaus
Utility Companies
Other _____

Past and Present Employers
Welfare Agencies
Social Security Administration
Veterans Administration
Retirement Systems
Support and Alimony Providers
Medical/Child Care Providers
Schools and Colleges

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that Main Street Realtors, may conduct computer matching programs to verify the information supplied for my application or recertification if applicable to this complex. If a computer match is done, I understand that I have the right to be notified of any adverse information found and the right to appeal. HUD may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agency; Department of Defense; Office of Personnel Management; the United States Postal Services; the Social Security Agency; and State welfare and food stamp agencies.

SOCIAL SECURITY NUMBER CERTIFICATION:

I certify, under penalty of perjury, that the social security number disclosed for myself and for the household members listed on the attached application, between the ages of 6 and 18 years are correct and are assigned to me (us).

I certify, under penalty of perjury, that I and the household members listed on the attached application, between the ages of 6 and 18 years, have not been assigned a social security number.

CONDITIONS:

I have read this entire form and find no objection to its contents. A photocopy of this authorization may be used for the purpose stated above for one year and one month from the date signed below.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____