

VIProperty Management

P.O. Box 1227
13692 Apple Valley Road #210
Apple Valley, CA 92307
(760) 240-9535 Fax (760) 240-9670

APPLICATION TO RENT

PLEASE PRINT.
ALL SECTIONS MUST BE COMPLETED.
INCOMPLETE APPLICATIONS
WILL NOT BE PROCESSED.

DRE LICENSE # 00927847

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY #
DRIVERS LICENSE #	STATE	EXPIRATION DATE	HOME PHONE	BUSINESS HOME CELL PHONE
OTHER NAMES USED WITHIN LAST 5 YEARS			MOTHERS MAIDEN NAME	

ALL OTHER PROPOSED OCCUPANTS:	AGE	RELATIONSHIP TO APPLICANT

STREET ADDRESS	CURRENT RESIDENCE	MOST RECENT PRIOR	NEXT PRIOR
CITY			
STATE & ZIP			
DATES OF STAY (MO-DY-YR)	FROM TO	FROM TO	FROM TO
RENT AMOUNT			
OWNER/MGR NAME			
OWNER/MGR PHONE			
REASON FOR LEAVING			

EMPLOYED BY	CURRENT EMPLOYER	PRIOR EMPLOYER	NEXT PRIOR EMPLOYER
EMPLOYERS ADDRESS			
EMPLOYER PHONE			
OCCUPATION			
POSITION			
SUPERVISOR			
DATES OF EMPLOYMENT	FROM TO	FROM TO	FROM TO
WORK HOURS: LIST HOURS - (AM/PM, DAYS OF WK)			
GROSS MONTHLY INCOME			
OTHER INCOME/MONTH AMOUNT AND EXPLANATION			

IS ANY PART OF YOUR INCOME SUBJECT TO WITHHOLDING FOR THE BENEFIT OF OTHERS (EG: WAGE GARNISHMENT, CHILD SUPPORT)?

IF ACTIVE MILITARY, WHAT IS YOUR SEPARATION DATE:

LIST ALL VEHICLES TO BE PARKED, FULL TIME OR PART TIME, AT THE RESIDENCE:

VEHICLE TYPE (CAR,MOTORCYCLE,OTHER)	MAKE	MODEL	COLOR	YR	LICENSE #

PETS: WILL YOU HAVE PETS? DESCRIBE. NEUTERED? DE-CLAWED? IS PET AGGRESSIVE? HAS PET EVER BITTEN ANYONE?

WILL YOU HAVE LIQUID FILLED FURNITURE? IF YES, DESCRIBE: WILL YOU HAVE RENTERS INSURANCE?
YOU MUST SUPPLY PROOF OF INSURANCE

PLEASE LIST ALL FINANCIAL OBLIGATIONS (INCLUDING CAR PAYMENT, CAR INSURANCE, CHILD CARE, STUDENT LOANS, ETC.)		
NAME OF CREDITOR (OR TO WHOM PAID)	ADDRESS, CITY, STATE	MONTHLY PAYMENT

BANK/SAVINGS & LOAN	BRANCH, ADDRESS	ACCOUNT NUMBER	APPROX BALANCE

EMERGENCY CONTACT:	ADDRESS, CITY, STATE, ZIP	TELEPHONE	RELATIONSHIP
CLOSE FRIEND			
NEAREST RELATIVE LIVING ELSEWHERE			

GENERAL INFORMATION:
 HAVE YOU EVER FILED BANKRUPTCY?
 HAVE YOU GIVEN YOUR LANDLORD NOTICE OF INTENTION TO VACATE?
 HAVE YOU EVER REFUSED TO PAY RENT?
 HAVE YOU EVER BEEN CONVICTED OF A FELONY?
 HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE?
 PLEASE EXPLAIN ANY "YES" ANSWERS:

IS THERE ANYTHING YOU WISH TO DISCLOSE WHICH MIGHT INFLUENCE OUR DECISION TO RENT TO YOU?

APPLICANT REPRESENTS THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF ALL REFERENCES AND FACTS, INCLUDING BUT NOT LIMITED TO OBTAINING UNLAWFUL DETAINER AND CREDIT REPORTS. APPLICANT HEREBY WAIVES ANY CLAIM AND RELEASES FROM LIABILITY ANY PERSON PROVIDING OR OBTAINING SAID VERIFICATION OR ADDITIONAL INFORMATION. APPLICANT AGREES TO FURNISH ADDITIONAL ITEMS NEEDED FOR VERIFICATION OF ABOVE ITEMS UPON REQUEST.

APPLICANT FURTHER AGREES THAT UPON APPROVAL OF APPLICATION, HE/SHE INTENDS TO SIGN A RENTAL AGREEMENT FOR HOUSING ACCOMMODATIONS DESIGNATED AS: _____ APT # _____
 THE RENTAL RATE FOR WHICH IS \$ _____ PER MONTH, SECURITY DEPOSIT OF \$ _____ AND TO PAY ALL SUMS DUE, INCLUDING ALL REQUIRED DEPOSITS BEFORE OCCUPANCY, **PAYABLE BY MONEY ORDER OR CASHIERS CHECK ONLY.**

APPLICANT UNDERSTANDS THAT THE APPLICATION FEE OF \$ _____ SUBMITTED FOR THE COST OF CREDIT REPORTS AND PROCESSING THIS APPLICATION IS NON REFUNDABLE, AND AUTHORIZES OWNER/AGENT TO PROCEED WITH PROCESSING THIS APPLICATION.

APPLICANT WISHES TO TAKE OCCUPANCY ON (DATE): _____

X _____ **X** _____
 SIGNATURE OF APPLICANT DATE

HOW WERE YOU REFERRED TO US: NEWSPAPER (WHICH ONE) _____ FRIEND (NAME) _____
 DROVE BY APARTMENT _____ OTHER: _____

PLEASE BRING WITH YOU: DRIVER'S LICENSE (OR OTHER PHOTO ID), DOCUMENTATION OF SOCIAL SECURITY NUMBER AND MONEY ORDER (NO CASH ACCEPTED) FOR APPLICATION FEE.

inquirehire

DISCLOSURE and AUTHORIZATION

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as part of our procedure in processing and evaluating your rental application, we will be obtaining and reviewing a consumer report or an investigative consumer (Background Check) report for tenant screening purposes. This authorization may be used to obtain a consumer report at any time during my rental agreement.

I, _____, hereby consent and authorize _____ or its agents to prepare an investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past employers and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for tenant screening purposes as it is defined in the Fair Credit Reporting Act, section 603 (h). **In using a consumer report for tenant screening purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under the FCRA, as prescribed by the Federal Trade Commission, section 609(c)(3).**

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes _____ No _____

If yes, list names and corresponding years. _____

Drivers License number: _____ State of issuance (DL): _____

Date of Birth: _____ Social Security Number: _____

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 2000 – 2009)

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

Current Address, City, State, & Zip _____

For Minnesota, Oklahoma and California check here if you would like a copy of the consumer report.

New York Applicants or employees: You have the right to inspect and receive a copy of any investigative consumer report requested by employer by contacting Inquirehire at 800-494-5922.

Signature

Date

Email address

Print Full Name - Include Middle Name (please print legibly)

revised 01/2009