APPLICATION TO RENT

EACH APPLICANT 18 YEARS OF AGE OR OLDER <u>MUST</u> COMPLETE A SEPARATE APPLICATION ALL SECTIONS MUST BE FILLED-OUT COMPLETELY IN ORDER TO BE CONSIDERED YOU MUST PROVIDE COPIES OF THE FOLLOWING ITEMS ALONG WITH YOUR APPLICATION: *Social Security Card *★I.D.* Card or Driver License *** Two Recent Pay Stubs**



937 E. Main St., Suite #106 Santa Maria, CA 93454-5309 (805) 925-2433 Fax: (805) 925-2234 mail@SilveiraProperties.com

| First, Middle, Last Name | Date of Birth | Social Security # | Driver's License # |
|--------------------------|---------------|-------------------|--------------------|
| | | | |
| | | | |
| | | | |
| Email Address | Home Phone | Work Phone | Cell Phone |
| | | | |
| | | | |

| APPLICANT | | | | | | D.R | R.E. Lic. #01434197 | |
|--------------------------|--------------------------------|--------------------|---------------|--------------------------|------------------|------------------|---------------------|--|
| First, Middle, Last Name | | | Date of Birth | | Social Se | ecurity # | Driver's License # | |
| | | | | | | | | |
| | | | | | | | | |
| Email Address | | | Home Pho | ne | Work | Phone | Cell Phone | |
| | | | | | | | | |
| | | L | | | | | L | |
| ADDITIONAL OCC | LIPANTS List even | vone who will liv | e with your | | | | | |
| First, Middle, Last Name | OI AITI O LIST EVER | yone, who will hiv | c with you. | | Age | e and Relatio | nship To Applicant | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| EMPLOYMENT | | | | 1 | | | | |
| | Cur | rent Employment | t | | Prior Employment | | | |
| Employer | | | | | | | | |
| Address | | | | | | | | |
| Employer Phone | | | | | | | | |
| Job Title | | | | | | | | |
| Name of Supervisor | | | | | | | | |
| Dates of Employment | From: To: | | | From: To: | | | | |
| Gross Monthly Income | \$ | | | \$ | | | | |
| RESIDENCE | | | | | | | | |
| | Current Residence Previous Res | | ous Resider | dence Previous Residence | | evious Residence | | |
| Street Address | | | | | | | | |
| City | | | | | | | | |
| State & Zip | | | | | | | | |
| Dates of Occupancy | | | | | | | | |
| Owner/Manager | | | | | | | | |
| And Phone number | | | | | | | | |
| Reason For Leaving | | | | | | | | |
| _ | | | | | | | | |
| Last Rent Paid | \$ | | \$ | | | \$ | | |
| VEHICLES | | | | | | | | |
| Automobiles | Make | Model | | Color | | Year | License No. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DEDCOMA: DEEE | | • | • | | • | | • | |
| PERSONAL REFERI | ENCES | | | | | | | |

| Automobiles | Make | Model | Color | Year | License No. |
|-------------|------|-------|-------|------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

| I ERSONAL REI ERENCES | | | |
|-----------------------------------|--------------|-------|--------------|
| In Case Of Emergency, Notify | Address/City | Phone | Relationship |
| | | | |
| Close Friend | | | |
| | | | |
| Nearest Relative Living Elsewhere | | | |
| | | | |

| GENERAL INFORMATION | | |
|--|-----------------------------------|-----------------------------|
| Do you smoke? | YES | NO |
| Do you have any pets? (If Yes, describe pets below) | YES | NO |
| Have you ever filed for bankruptcy? | YES | NO |
| Do you have any musical instruments? | YES | NO |
| Do you have any waterfilled furniture or do you intend to use | e YES | NO |
| water filled furniture in the apartment?Have you ever been convicted for selling, possessing, | YES | NO |
| distributing or manufacturing illegal drugs or convicted of any | | NO |
| other crime? | y | |
| Have you ever been evicted for nonpayment of rent or any | YES | NO |
| other reason? | | |
| Please explain any "yes" answers to the above questions: | | |
| | | |
| Why are you leaving your current residence? | | |
| The applicant hereby applies to rent/lease the property located at: | | |
| for \$ per month, a enter into a Rental Agreement and/or Lease and pay all rent and secur | and upon Land rity deposits re | equired. |
| "All applicants will be treated fairly and equally without | regard to ra | ace, color, religion, |
| sex, familial status, handicap, marital status | or national | origin." |
| If Applicant is approved, Landlord will notify Applicant. Applicant mu | | |
| deposit to Landlord within 48 hours. Payment of security deposit cashier's check, money order or wire transfer. No cash or personal ch | | ed in the form of either a |
| If Applicant is denied, Applicant will not be notified by Landlord, unle | ess the decision | on for denial was based or |
| information provided on Applicant's credit report, in which case, Lar | | |
| (Adverse Action Notice) via U.S. mail explaining the principle reason(| | a rippiicant a deman recei |
| Applicant represents that all information given on this application | is true and o | correct. Applicant hereby |
| authorizes verification of all references and facts, including but not li | | |
| employers and personal references. Applicant hereby authorizes | Silveira Prop | perties, Inc. (Landlord) to |
| obtain copies of credit reports, criminal background reports, employ | | |
| relevant infomation that may assist with the screening process. | | |
| releases from liability any person providing or obtaining said ver | | |
| Applicant understands that any false information provided on the | | |
| denial. Applicant understands that the application fee of \$35 is not re | fundable once | e processing has begun. |
| APPLICATION FEE: \$35.00 PER ADULT. APPLICATION FEE MU | ST BE SUBM | ITTED IN THE FORM OF |
| EITHER A CASHIER'S CHECK OR MONEY ORDER. NO CASH | | |
| | | |
| | | |
| A copy of this application signed by Landlord shall serve as a | receipt for t | the \$35 application fee |
| ., ., | • | |
| | | |
| | | |
| Applicant:(Signature required) | Date: | |
| (Signature required) | | |
| | 5. | |
| Landlord: | Date: | |
| Suvenu i ropenies, inc. | | |