



Internal Use Only!	
Rent/Security Deposit _____	Pet Fee _____
Move In Date _____	Term _____

Property Management Services

Which address are you applying for? \_\_\_\_\_

Date Desired/Move in Date? \_\_\_\_\_ How Long? \_\_\_\_\_

Best number to reach you? \_\_\_\_\_ Who helped you? \_\_\_\_\_

How did you hear about us? Sign ( ) Internet ( ) Friend ( ) \_\_\_\_\_

How many will be living in the property? \_\_\_\_\_ Children? \_\_\_\_\_ Ages \_\_\_\_\_

Pet(s)? Yes \_\_\_ No \_\_\_ Type/Breed/Name \_\_\_\_\_ Wt \_\_\_\_\_

Personal Information

*\*ALL applicants over 18 MUST complete own page 1 of application\**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Drivers License # \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Residence Information/History

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long? \_\_\_\_\_ Current Rent \$ \_\_\_\_\_ Apartment Name/Location \_\_\_\_\_

Landlord/Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

Why are you leaving? \_\_\_\_\_

Prior Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long? \_\_\_\_\_ Current Rent \$ \_\_\_\_\_ Apartment Name/Location \_\_\_\_\_

Landlord/Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Employment/Income History

Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Salary \_\_\_\_\_ How long \_\_\_\_\_

Manager/Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Salary \_\_\_\_\_ How long \_\_\_\_\_

Manager/Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Any other source of income/amount \_\_\_\_\_

### Personal References

	Name	Relationship	Phone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
Emergency Contact:		_____	_____

### Vehicle Information for all Applicants

Number of Vehicles \_\_\_\_\_

Make/Model _____	Year _____	Color _____	Plate _____
Make/Model _____	Year _____	Color _____	Plate _____
Make/Model _____	Year _____	Color _____	Plate _____
Make/Model _____	Year _____	Color _____	Plate _____
Make/Model _____	Year _____	Color _____	Plate _____

### Other Information

Have you or your co-applicant(s) ever:

Filed for Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_ Discharged date? \_\_\_\_\_

Been served an eviction notice or been asked to vacate a property you were renting? Y\_\_ N\_\_

If Yes, explain: \_\_\_\_\_

Ever been involved in any illegal drug activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Been convicted of a felony or do you have ANY type of criminal record? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Additional information or comments: \_\_\_\_\_

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

## Acknowledgements/Release Authorization

I/We hereby acknowledge that the answers given in this application are true and correct to the best of my/our knowledge. I/We understand that any false answers or statements made by me/us will be sufficient grounds for denial or immediate termination of my application, lease or rental agreement. I/We understand that Rincon Ventures is the leasing agent and representative for the owner(s). The undersigned acknowledges that this written notice was received prior to receiving a lease/rental agreement.

In connection with my rental application, I/we understand an investigative consumer report may be requested that will include information as to my character, credit and tenant history. I voluntarily and knowingly authorize any past, present, administrator, law enforcement agency, state or federal agency, finance or credit bureau/office, collection agency, private business, personal reference and or other persons to give records or information they may have concerning my criminal history or other information requested by Rincon Ventures and our reporting agency. I voluntarily and knowingly release any named or unnamed information from and all liability from furnishing this information. This authorization shall be valid for one year from the date signed and a photocopy or faxed copy of this authorization shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I/We are entitled to know if my application is denied because of information obtained from a consumer reporting agency. If so, I will be provided the name of the agency or source of information.

\_\_\_\_\_  
Applicant                                      Date

\_\_\_\_\_  
Applicant                                      Date

\_\_\_\_\_  
Applicant                                      Date

\_\_\_\_\_  
Applicant                                      Date