

# RENTAL APPLICATION

Every occupant 18 years of age and over **MUST** complete a separate application (regardless of relationship)  
Please PRINT clearly and complete in **BLUE** ink

I hereby fill out an application to rent **2335 Union Street, Eureka, CA** to be used as a dwelling unit.

You will be required to provide the following with the completed application:

- Copies of Social Security card(s) for ALL household members;
- California issued driver's licenses or ID card(s) for ALL adult members;
- Documentation for all monies received by household for the last three months, such as pay stubs, child support printout, Passport to Services (TANF), unemployment, etc.;
- Last three months bank statements for all accounts;
- This agency WILL conduct background checks on ALL adult members, such as, but not limited to, criminal and credit;
- All sections of this application must be complete. Should you need more space, please feel free to use a separate piece of paper.

**Your Information:** Give full legal name as shown on Social Security card.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Will you be considered the Head of Household: \_\_\_\_ Yes \_\_\_\_ No

Please list any other name(s); maiden, legally changed or alias, and Social Security numbers you have used in the past:

\_\_\_\_\_

Please list all states you have lived in: \_\_\_\_\_

**Proposed Occupants:** Print the legal name(s) as shown on Social Security card(s) and ages of ALL other persons who will occupy this unit.

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

**Proposed pet:** You will be required to complete a separate application for approval **BEFORE** any pet may be on the property. This includes all deposits in full, veterinary information and photo of pet.

Name: \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Age: \_\_\_\_\_

**Current Physical Address**

*If less than five (5) years please complete previous rental information.*

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_  
When did you move in? \_\_\_\_\_  
Do you rent this residence? \_\_\_ Yes \_\_\_ No  
Is your name on the lease? \_\_\_ Yes \_\_\_ No  
Have you given written notice to leave? \_\_\_ Yes \_\_\_ No

**Previous Physical Address #1**

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Reason For Moving: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_  
When did you move in? \_\_\_\_\_ Out? \_\_\_\_\_  
Did you rent this residence? \_\_\_ Yes \_\_\_ No  
Was your name on the lease? \_\_\_ Yes \_\_\_ No  
Did you give written notice to leave? \_\_\_ Yes \_\_\_ No

**Previous Physical Address #2**

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_  
When did you move in? \_\_\_\_\_ Out? \_\_\_\_\_  
Did you rent this residence? \_\_\_ Yes \_\_\_ No  
Was your name on the lease? \_\_\_ Yes \_\_\_ No  
Did you give written notice to leave? \_\_\_ Yes \_\_\_ No

**Previous Physical Address #3**

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Reason For Moving: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_  
When did you move in? \_\_\_\_\_ Out? \_\_\_\_\_  
Did you rent this residence? \_\_\_ Yes \_\_\_ No  
Was your name on the lease? \_\_\_ Yes \_\_\_ No  
Did you give written notice to leave? \_\_\_ Yes \_\_\_ No

**Personal References ~ No relatives**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Your Current Employment/Income Information**

Name of employer: \_\_\_\_\_ Your supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer's phone number: (\_\_\_\_) \_\_\_\_\_ Your start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Human Resources phone number: (\_\_\_\_) \_\_\_\_\_ HR Contact Person: \_\_\_\_\_  
Gross Monthly Salary: \_\_\_\_\_ Your position: \_\_\_\_\_  
Other Income Source: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_ Is this ongoing: \_\_ Yes \_\_ No  
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**Your Previous Employment Information**

Name of employer: \_\_\_\_\_ Your supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer's phone number: (\_\_\_\_) \_\_\_\_\_ Your start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Human Resources phone number: (\_\_\_\_) \_\_\_\_\_ HR Contact Person: \_\_\_\_\_  
Gross Monthly Salary: \_\_\_\_\_ Your position: \_\_\_\_\_

**Your Financial Information**

Bank Name and Branch Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Bank Name and Branch Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

**Your Motor Vehicle(s)**

Automobile #1 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_  
Automobile #2 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

**In Case of Emergency**

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant Questionnaire ~ Has the applicant or any household member ever:**

- Been convicted of illegal possession, use, sale, manufacture, or distribution of any controlled substance?  
\_\_\_Yes \_\_\_No.

If yes, whom: \_\_\_\_\_

- Been convicted of any criminal activity? \_\_\_Yes \_\_\_No.

If yes, whom: \_\_\_\_\_

- Been convicted of a felony? \_\_\_Yes \_\_\_No. If yes, whom: \_\_\_\_\_

➔ If you answered yes to any of the above; you must list your probation/parole officer's information:

Officer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ ext. \_\_\_\_\_

Date probation/parole began: \_\_\_\_\_ Date due to end: \_\_\_\_\_

Criminal summary probation. \_\_\_Yes \_\_\_No

Name of County court is located in: \_\_\_\_\_

Address of court: \_\_\_\_\_

You may provide an explanation on a separate sheet of paper if you wish.

- Broken a Lease? \_\_\_Yes \_\_\_No
- Been evicted from another rental? \_\_\_Yes \_\_\_No
- Been taken to court by a Landlord? \_\_\_Yes \_\_\_No
- Moved owing rent? \_\_\_Yes \_\_\_No
- Left owing for damages? \_\_\_Yes \_\_\_No

You may provide an explanation on a separate sheet of paper if you wish.

Is the total move-in amount available now (rent and deposit)? \_\_\_Yes \_\_\_No

**Applicant Questionnaire**

I understand that this unit is a smoke free unit this includes all plant based material (oils etc.). Initial \_\_\_\_\_

I understand that this unit may not have at any time a marijuana-grow. Initial: \_\_\_\_\_

I understand that this federally funded unit does not recognize a 215 card. Initial: \_\_\_\_\_

***Please Read Carefully / Authorization***

I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Landlord if any of the information provided in this application is materially inaccurate or incomplete.

I hereby authorize verification of the above information and agree to furnish additional information if requested by the Landlord/Owner/Agent. Verification or re-verification of any information contained in the application will be retained by the Landlord/Owner/Agent.

I hereby authorize the Landlord/Owner/Agent to obtain information about me including, but not limited to, this application, my credit, bad check writing history, unlawful detainer (eviction) any court records, my criminal record, Social Security number verification, fraud warnings, previous tenant history, and employment history.

I hereby authorize and instruct any entity or person contacted by my Landlord/Owner/Agent to release such information to them. Upon request, Landlord/Owner/Agent, will provide the name and telephone number of the source of the information used to verification process.

I understand that this release is valid for 13 months from the date signed.

**Applicant's printed name:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_



The Housing Authorities are Equal Housing Opportunity Organizations

