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3421 Empresa Drive, Suite A San Luis Obispo, CA 93401

DRE LIC. #01370663

RESIDENTIAL RENTAL APPLICATION

****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED****

There is a NON-REFUNDABLE \$30.00 application fee per person (cash or check accepted)

- 1. Properties are not rented sight unseen.
- 2. All applicants over the age of 18 must fill out separate applications, including emancipated minors.
- 3. Applications may be used for multiple properties. Applicants do not need to re-apply for each individual property.
- 4. Applicants approved must sign & pay deposit within 72 hours in the form of cashier's check or money order.

PROPERTY ADDRESS(ES):						
Name:	A	ge:	DOB:	SS#		
Cell Phone#	Email address:					
Other Occupants:						
Do you smoke?	Do you have an animal?:	Do you have an assistive animal?:				
If yes, what type/breed:		Ho	ow Many <u>:</u>	Fixed:	Age:	
Auto License #:	Make/Model:			D.L. #:	State	
Have you ever been evicted?_		Have	Have you ever filed for bankruptcy?			
Have you ever been guilty of o	or pleaded no contest to a felony?	□ 1	NO □ YES			
**************************************	*************	******	*******	********	*******	
Current Address:				From:	To:	
Manager/Owner:	(address, city, zip)			Phone #		
Reason for leaving:				Current Rent \$		
Previous Address:				From:	To:	
Manager/Owner:	(address, city, zip)			Phone #		
Previous Address:				From:	To:	
Manager/Owner:	(address, city, zip)			Phone #		
Reason for leaving:				Current Rent \$		
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EMPLOYMENT INFORMATION (If present employment is less than 1 year, please provide information of previous employer. If you are self-employed, please provide proof of income) Present Employer:______How Long:_____Phone #_____ Address: Contact for verification: Position: _____Current Salary: \$_____Per____ Prior Employer: How Long: Phone # Contact for verification: Address:___ _____Current Salary: \$_____Per____ <u>CREDIT INFORMATION</u> (bank statement information may be required) Type of Account Name of Bank/Branch **Account Balance** PERSONAL REFERENCES Phone # Name Relationship STUDENTS ONLY IF YOU ARE A STUDENT OR RECEIVE MONIES FROM A PARENT OR RELATIVE, A CO-SIGNER WILL BE REQUIRED. Parent/Guardian Name:_____ Parent/ Guardian Email: Phone #____Address:____ Amount of support received: \$______Financial aid received: \$_____ School: _____Year:_____ In case of an emergency, please notify: Name: Phone #: Applicant represents that all above statements are true, accurate and complete. Applicant hereby authorizes verification of the above information, including but not limited to credit reports, criminal background checks, etc., and agrees to furnish additional credit references upon request. Applicant understands and agrees that this is an application to rent only and does not guarantee that applicant will be offered the premises. The processing fee is not a deposit or rent and is non-refundable, even if the application to rent is declined. Signature: