

REG PROPERTY MANAGEMENT, INC.

864 Osos Street Ste. A, San Luis Obispo, CA 93401

(805) 541-6664; Fax# (805)541-2814

www.regmgmt.com

RESIDENTIAL RENTAL APPLICATION

There is a non-refundable \$10.00 application processing fee per person (cash or check accepted)

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

- 1. Properties are not rented sight unseen.
- 2. All applicants over the age of 18 must fill out separate applications
- 3. Applications may be used for multiple properties. Applicants do not need to re-apply for each individual property.

PROPERTY ADDRESS: _____

Name: _____ **Age:** _____ **DOB:** _____ **S.S. #** _____

Cell Phone# _____ **Home Phone #** _____

Other Occupants: _____

Do you or any of your dependents smoke? _____ **Pets (# & Type):** _____ **Fixed:** _____ **Age:** _____

Auto License #: _____ **Make/Model:** _____ **D.L. #:** _____

Have you ever been evicted? _____ **Filed Bankruptcy?** _____

Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony? NO YES

RENTAL HISTORY:

Present Address: _____ **From:** _____ **To:** _____
(address, city, zip)

Manager/Owner: _____ **Phone #** _____

Reason for leaving/Current Rent: _____ \$ _____

Previous Address: _____ **From:** _____ **To:** _____
(address, city, zip)

Manager/Owner: _____ **Phone #** _____

Reason for leaving/Rent Paid: _____ \$ _____

Next Previous Address: _____ **From:** _____ **To:** _____
(address, city, zip)

Manager/Owner: _____ **Phone #** _____

Reason for leaving/Rent Paid: _____ \$ _____

EMPLOYMENT INFORMATION: (If present employment is less than 1 year, please list previous employer on back)

Present Employer: _____ **How Long:** _____ **Phone #** _____

Address: _____ **Contact for verification:** _____

Position: _____ **Current Salary:** \$ _____ **Per** _____

OVER

PERSONAL REFERENCES:

Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____

STUDENTS ONLY:

IF YOU ARE A STUDENT OR RECEIVE MONIES FROM A PARENT OR RELATIVE, A CO-SIGNER WILL BE REQUIRED.

Parent/Guardian Name: _____

Phone # _____ Address: _____

Amount of support received: \$ _____ Financial aid received: \$ _____

School: _____ Major: _____ Year: _____

In case of an emergency, please notify: _____

Applicant represents that all above statements are true, accurate and complete. Applicant hereby authorizes verification of the above information, including obtaining credit report.

Date: _____ Signature: _____

email address: _____