2720 Taylor St., Suite 450 San Francisco, CA 94133

RENTAL APPLICATION

Download addtional copies of this form at www.rentalguide.com/pdf/rental_application.pdf

TENANTS: Thank you for completing this rental application in advance (copy or print it as many times as you may need). If a landlord requires you to use their form you will have all the necessary information at hand saving you time or the need to submit your application later.

LANDLORDS / MANAGERS: This comprehensive Rental Application has been completed by a **RentalGuide.com** user. Please accept it as an application to rent your unit (additional pages may be attached with further details). Please ask the tenant if you need them to use your forms, or if you require additional information.

RENTAL UNIT:					
Address of Rental Unit Tenant is Applying	For:				
PERSONAL INFORMAT	LION				
PERSONAL INFORMAT	TION:				
First Name:	M.I.: Last Name	e:			
	Alternate Phone #:()	Bes	t Time to Call	:	
Driver's License #:	State Issued:			_ Expires:	
RENTAL HISTORY:					
Please list the past three addresses or past	five years. Attach add'l pages if needed.				
Current Address:_					
			_ State:	Zip:	
	Manager/Owner's Name				
Previous Address:					
			_ State:	Zip:	
How long at this address:	Manager/Owner's Name	Phone #:()			
EMPLOYMENT HISTOR	RY:				
Please list for the past five years, attach ad	lditional pages if needed.				
Present Employer (company):					
	ame:				
Phone #:()					
			_ State:	Zip:	
Previous Employer (company):		 			
Your Position:					
How Long: Supervisor's Na	ame:				
Phone #:()					
Street Address:					
City:			_ State:	Zip:	
Previous Employer (company):					
Your Position:					
How Long: Supervisor's Na	ame:				
Phone #:()					
Street Address:					
City:			State:	Zip:	



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FINANCIAL HISTO	RY:			
Present Income: \$	per month or \$	annually		
		r sources, please list:		
				
		C - IT - (V' - (NA - 1 - C - 1/A - F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
		Card Type(Visa/MasterCard/AmEx, etc.):		
	COLT OF ALL COLIA FOR			
	Card Type(Visa/MasterCard/AmEx, etc.):			
Creditor:				
ROOMMATES:				
Names of persons that will be occup	ying the apartment (only minors will not l	pe required to fill out an application):		
Name:		Relationship to you:		
Name:		Relationship to you:		
Name:		Relationship to you:		
PETS:				
Do you have pets? ☐YES ☐NO	If was describe your net:			
		Age: Sex:	Wein	ht·
		Spayed/Neutered:		
	I Pet Deposit, and I am willing to sign a P	• •		
	ct s cposit, and i am thining to sign a i			
PERSONAL PREFE	RENCES:			
Reference 1 Name:				
				Zip:
·				
•				
				Zip:
		Years Known:		
•		Phone #:()		
occupation.		Thore i.i.()		
VEHICLE INFORM	ATION:			
Vehicle 1 Make:		Model:		
Year:	License Plate #:	State:		
☐ My vehicle is currently Registere				
Vehicle 2 Make:		Model:		
		State:		
☐ My vehicle is currently Registere				



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PERSONAL HISTORY:	
Do you currently smoke? ☐YES ☐NO	
Have you ever been evicted? □YES □NO If yes, when and w	hy
Have you ever filed for bankruptcy? ☐YES ☐NO If yes, when	and describe
Have you ever been convicted or a felony? ☐YES ☐NO If yes	, when and describe
IN CASE OF EMERGENCY:	
Reference 1 Name:	
Address:	
	State: Zip:
Phone #:()	Relationship to You:
PERSONAL STATEMENT/COMMENT	s:
State any other relevant information you would like a landlord to l	know and consider about you:
APPLICANT SIGNATURE:	
	correct and hereby authorizes verification of the above statements and information including but not limited to the
obtaining of a credit report and tenant history report and applic	·
Applicant's Signature: Amount of Deposit (if any) Received with Application: \$	-
Annount of Deposit (II any) received with Application: 3	Date: