

Property Associates Management Co.

RENTAL APPLICATION

1035 Sutton Way, suite D

PHONE (530) 477-4328

Grass Valley, CA 95945

FAX (530) 477-4325

A separate application is required for each occupant 18 yrs of age or older.

How did you hear about us? The Union theunion.com nevadacounty4rent.com Craig's List Referral

| | | | | | |
|---|--|----------------|----------------|--------------------------|-----------|
| Full Name: | | | Date of birth: | | |
| SS#: | | DL#: | | State: | |
| Expires: | | City: | | State: | Zip: |
| Present Address: | | | City: | | State: |
| Home Phone: | | Cell Phone: | | Work Phone: | |
| From: | | To: | | Monthly rent: | |
| Present landlord: | | | Phone: | | |
| Reason for moving: | | | | | |
| Previous Address: | | | City: | | State: |
| Expires: | | City: | | State: | Zip: |
| From: | | To: | | Monthly rent: | |
| Previous landlord: | | | Phone: | | |
| Reason for moving: | | | | | |
| If above rental history is less than two years, provide additional references covering two years. Use back of this sheet. | | | | | |
| Employer: | | Supervisor: | | Phone: | Position: |
| How long? | | Net income/mo: | | Other income/mo: | Source: |
| Previous employer: | | | Phone: | | Position: |
| How long? | | | Gross pay/mo: | | |
| Names of all proposed occupants. | | 1 | | 2 | |
| 3 | | 4 | | 5 | |
| Occupants smoke inside? | | Yes No | | Occupants smoke outside? | |
| | | | | Yes No | |
| List all proposed pets, age, breed, and weight: | | | | | |
| Personal reference: | | | Yrs Known: | | |
| Address: | | Phone: | | Occupation: | |
| Personal reference: | | | Yrs known: | | |
| Address: | | Phone: | | Occupation: | |
| List all Vehicles : | | | | | |
| Address of Desired Property: | | | | Monthly Rent: | |
| Intended Date of Occupancy: | | | | | |

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RENTAL APPLICATION – PAGE TWO

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| |
|--|
| Has applicant ever been asked to move out of a residence? |
| If yes, explain: |
| Has applicant ever been party to an unlawful detainer or filed for bankruptcy? |
| If yes, explain: |
| Person to Notify in Case of Emergency: |

Applicant understands and agrees that: (1) this is an application to rent only and does not guarantee that the applicant will be offered the Premises; and that (2) Landlord or Manager may accept more than one application for the Premises and, using their sole discretion, will select the best qualified applicant.

Applicant represents the above information to be true and complete, and hereby authorizes Landlord or Manager or Agent to: (1) verify the information provided; and (2) obtain a credit report on applicant.

Applicant has paid a **non-refundable** screening fee of **\$20.00**, applied as follows:

\$8.00 for credit reports prepared by **First Advantage Saferent** , and
\$12.00 for processing.

Please include with application: 1) A copy of driver's license 2. Proof of income (w-2, 1040, or two months of bank statements)

Also attach any additional information you believe would be helpful in evaluating your application.

If application is not fully completed or received without the screening fee: (1) the application will not be processed, and (2) the application and any screening fee will be returned.

Applicant's Signature _____ **Date** _____

Return your completed application with application fee to:

PROPERTY ASSOCIATES MANAGEMENT CO.
1035 SUTTON WAY, SUITE D
GRASS VALLEY, CALIFORNIA, 95945

ph: (530) 477-4328 email: kahrns@infostations.com fax: (530) 477-4325