

NOTICE: YOU MUST ATTEND A SHOWING APPOINTMENT TO VIEW THE INTERIOR BEFORE YOUR APPLICATION WILL BE ACCEPTED.

Application will be <a href="REJECTED"><u>REJECTED</u></a> if not COMPLETED IN FULL.

#### Dear Applicant:

It is very important that you complete all the information requested in order for us to process your application. It is particularly important to give your full name, including middle name, if any, Social Security #, birth date, email address, and Contact Phone number (cell #, if available). For references, provide the following: complete addresses (including zip codes) with phone numbers, and all account numbers with full explanations, where applicable. YOUR APPLICATION WILL NOT BE PROCESSED IF IT IS INCOMPLETE! Should there be more than one person applying 18 years or older, we require an application for each of them.

There is no fee for processing your application.

If you are <u>self-employed</u>, you will need to provide us with your last year's <u>Income Tax Returns and 6 months of bank statements</u> so that we may verify your income. If you own your own home, we will need your last month's mortgage statement. We require a satisfactory credit score. We check references from current and previous landlords.

If your application is approved, you will be offered a lease agreement which must be signed within twenty-four hours of notification. A cashier's check for the Security Deposit and Rent is expected at the time you sign the lease. We will request a copy of a valid driver's license or a state-approved identification card for identification.

Thank you,

Karen Lacks & Co. Real Estate

# **APPLICATION TO RENT**

All sections must be completed. Individual applications required from each occupant 18 years of age or older.

| APPLYING FOR:   |                                |          |                           |                                |  |
|---|--------------------------------|----------|---------------------------|--------------------------------|--|
| Apt. #Located at (Street Addr   | ess):                          |          |                           |                                |  |
| (City, State, Zip)  |                                |          |                           |                                |  |
| Rent Amount: per E  | nt: per Expected Move-in Date: |          | How did you hear about re | How did you hear about rental? |  |
| Name (Last, First, Middle):   |                                |          |                           |                                |  |
| Phone:   Cell Home ()   |                                | E-n      | nail Address:             |                                |  |
| Date of Birth: So   | ocial Security #:_             |          | Driver's Lic. #/State:    |                                |  |
| ALL ADDITIONAL OCCUPANTS WH   | O WILL RESID                   | E IN UNI | Т:                        |                                |  |
| (1) Name:   |                                |          |                           |                                |  |
| (2) Name:   |                                |          |                           |                                |  |
| (3) Name:   |                                |          |                           |                                |  |
| (4) Name:   |                                |          |                           |                                |  |
|   |                                |          |                           |                                |  |
| RENTAL HISTORY:   |                                | ,        | Oite Otata Zia)           |                                |  |
|   |                                |          | City, State, Zip)         |                                |  |
|   |                                |          | Rent Paid:                |                                |  |
|   |                                |          | Reason for leaving:       |                                |  |
|   |                                |          | City, State, Zip)         |                                |  |
| ,   |                                |          | Rent Paid:                |                                |  |
| Owner/Manager:  | Phone:                         |          | Reason for leaving:       |                                |  |
| Previous Address:(Street Address)   |                                | (        | City, State, Zip)         |                                |  |
| How Long? From (Month/Year):  |                                | to       | Rent Paid:                |                                |  |
| Owner/Manager:  | Phone:                         |          | Reason for leaving:       |                                |  |
| EMPLOYMENT HISTORY:   |                                |          |                           |                                |  |
| Current Employer:   |                                | Addres   | ss:                       |                                |  |
| Phone:  | _ Occupation:                  |          | Monthly Salary            | :\$                            |  |
| Name of Supervisor:   |                                |          | Dates of Employment: From | _to                            |  |
| Previous Employer:  |                                | Address  |                           |                                |  |
| Phone:  | _ Occupation:                  |          | Monthly Salary            | :\$                            |  |
| Name of Supervisor:   |                                |          | Dates of Employment: From | _to                            |  |
|   |                                |          |                           |                                |  |
| ADDITIONAL INFORMATION:  1. Have you ever had any credit proble                                     | ems?                           |          | □No□Yes                   |                                |  |
| <ol> <li>Have you ever had any credit proble</li> <li>Have you ever had an unlawful deta</li> </ol> |                                | st you?  | □ No □ Yes                |                                |  |
| 3. Have you ever been evicted for non   | •                              | •        |                           |                                |  |
| 4. Have you ever filed bankruptcy?  |                                |          | □ No □ Yes                |                                |  |
| 5. Have you ever been convicted of a f  | ielony? 🗌 No                   | ☐Yes     | What/when:                |                                |  |
| 6. Do you have any pets? $\square$ No $\square$   | Yes If yes, how                | many?_   | Describe:                 |                                |  |
| 7 Will you be using any water-filled fu   | rniture in vour re             | sidence? | No ∏Yes                   |                                |  |

| BANKING INI  | FORMATION:  |  |  |   |  |   |  |
|--|---|--|--|---|--|---|--|
| Bank/S&L/Cre   | edit Union:   |  | Bran   | ch/Address:   |  |   |  |
| Checking Acct #:   |   | Approx. Bal:   |  | /ings Acct #:   | Appro  | Approx. Bal:  |  |
| Bank/S&L/Cre   | edit Union:   |  | Bran   | ch/Address:   |  |   |  |
| Checking Acct #:   |   | Approx. Bal:   | Approx. Bal: Savinç                              |   | Appro  | Approx. Bal:  |  |
| CREDIT REF   | ERENCES (Credit C   | Cards / Car Payment / O  | ther Loa   | ıns)  |  |   |  |
|  | ny Name   | Address / City, State  |  | Account   | # Current Bal.   | Mo. Payment   |  |
|  |   |  |  |   |  |   |  |
| DEDSONAL   | REFERENCES  |  |  |   |  |   |  |
|  | me  | Address / City, State  |  | Phone   | Time Known   | Relationship  |  |
|  |   |  |  |   |  |   |  |
|  |   |  |  |   |  |   |  |
|  |   |  |  |   |  |   |  |
| VEHICLES (C  | perable Automobile  | es including Trucks, Van   | s, Motor   | cycles)   |  |   |  |
| Year   | Make  | Model  |  | Color   | License Plate #  | State   |  |
|  |   |  |  |   |  |   |  |
|  |   |  |  |   |  |   |  |
|  |   | •  | 0.00   |   |  | •   |  |
| EMERGENCY  |   |  |  | 5.1   |  |   |  |
|  |   |  |  |   | nip:   |   |  |
| Address:   |   |  |  | Pho   | ne: ()   |   |  |
| including, but   | not limited to, the   | he above statements a<br>obtaining of a credit rep<br>ed to obtain a credit repo   | port and   | agrees to furn  | ish additional credit  |   |  |
| consumer, cri<br>habits, perforr<br>I understand t<br>private, which | minal, driving and o<br>mance and experien<br>hat information will<br>maintain records co | for rental, I understand<br>ther reports. Employme<br>ace along with reasons f<br>be requested from vario<br>oncerning my past activi<br>me in insurance compa | ent repor<br>for termi<br>ous fede<br>ities rela | ts may include<br>nation of past e<br>ral, state and of | information as to my<br>mployment from pre<br>ther agencies and er | y character, work<br>vious employers<br>ntities, public and |  |
| of the above-n   | nentioned informatio  | ny party or agency conta<br>on and any other informa<br>esters and suppliers of i  | tion rela  | ted thereto. Fur  | ther, I will release fro   |   |  |
| orth above ar  |   | on to rent housing according to the thing application agrees to the ncy.   |  |   |  |   |  |
|  |   | tained herein is false, th<br>gent, be terminated at a   |  |   | ade on the strength o  | of this application   |  |
|  | Applicant Sign  | nature   |  |   | Date   |   |  |







## **EMPLOYMENT VERIFICATION REQUEST - PRESENT**

| EIVIAIL.                  | Telephone:                  | FAX:                       |
|---------------------------|-----------------------------|----------------------------|
| Attention:                |                             | _                          |
| I authorize Karen La      | cks & Co. Real Estate to s  | olicit salary information. |
| :                         | Signed:                     |                            |
|                           | Name.                       |                            |
|                           | Social Security #:          | <del></del>                |
| D                         |                             |                            |
| Please fill in the follo  | owing information and fax b | ack to us at 805-684-7580  |
|                           |                             |                            |
| Today's Date and Ti       | me:                         |                            |
| Position:                 | ing Out Form.               | Telephone:                 |
|                           |                             |                            |
|                           |                             |                            |
| How long has emplo        | yee been employed?          |                            |
| What is his/her curre     | ent salarv?                 |                            |
| VVII at 13 1113/11C1 Cult |                             |                            |
|                           |                             |                            |
|                           | any hours per month?        |                            |



### **EMPLOYMENT VERIFICATION REQUEST - PREVIOUS**

| Employer's Address:       |                               |                          |
|---------------------------|-------------------------------|--------------------------|
| EMAIL:                    | Telephone:                    | Fax:                     |
| Attention:                | •                             |                          |
| I authorize Karen Lac     | ks & Co. Real Estate to solid | cit salary information.  |
| Si                        | gned:                         |                          |
| I No                      | anie.                         |                          |
| <u>0</u>                  | ocial Security #:             |                          |
| Diagon fill in the fellow | ing information and fav has   | k to up at 905 694 7590. |
| Please IIII in the follow | ving information and fax bac  | K to us at 805-684-7580: |
| Today'a Data and Tim      |                               |                          |
| Name of Person Fillin     | ne:<br>g Out Form:            |                          |
| Position:                 |                               | Telephone:               |
|                           |                               |                          |
| How long was employ       | vee employed?                 |                          |
| What was his/her sala     | ary?                          |                          |
|                           | ny hours per month?           |                          |
| ·                         |                               |                          |
| What was his/her title    | ?                             | <del></del>              |
|                           |                               |                          |

Application Processing Department KAREN LACKS & CO. REAL ESTATE File: Residence Verification Request - Previous



## **RESIDENCE VERIFICATION REQUEST - PRESENT**

| <b>Present Landlord:</b>   |   |                   |  |  |  |
|--|---|-------------------|--|--|--|
| <b>Business Address:</b>   |   | FAX:              |  |  |  |
| EMAIL:   | Telephone:  | <mark>FAX:</mark> |  |  |  |
| Attention:   |   | _                 |  |  |  |
| I authorize Karen L<br>file.   | acks & Co. Real Estate to solid<br>Signed:<br>Name:<br>Residence Address: |                   |  |  |  |
| Please fill in the following information and fax back to us at 805-684-7580: |   |                   |  |  |  |
| Today's Date and T   | Γime:   | Telephone:        |  |  |  |
| Position:  | g Gat i Giii.   | Telephone:        |  |  |  |
|  |   |                   |  |  |  |
| What is rent amour   | nt?   |                   |  |  |  |
| Does he/she pay rent on time?  |   |                   |  |  |  |
| Did he/she abide by rules?   |   |                   |  |  |  |
| Would you rent to h  | nim/her again?  |                   |  |  |  |
| Why is resident lea  | ving?   |                   |  |  |  |
|  |   |                   |  |  |  |
|  |   |                   |  |  |  |



## **RESIDENCE VERIFICATION REQUEST - PREVIOUS**

| <b>Previous Landlord:</b>  |                              |      |  |  |  |
|--|------------------------------|------|--|--|--|
| <b>Business Address:</b>   |                              |      |  |  |  |
| EMAIL:   | Telephone:                   | FAX: |  |  |  |
| Attention:   |                              |      |  |  |  |
| I authorize Karen L<br>file.   | Signed:                      |      |  |  |  |
| Please fill in the following information and fax back to us at 805-684-7580: |                              |      |  |  |  |
| Today's Date and T<br>Name of Person Fil                                     | ime:<br>lling Out Form:      |      |  |  |  |
| Position: Telephone:   |                              |      |  |  |  |
|  |                              |      |  |  |  |
| What was rent amo  | ount?                        |      |  |  |  |
| Did he/she pay on  | time?                        |      |  |  |  |
| Did he/she abide by  | y rules?                     |      |  |  |  |
| Would you rent to h  | nim/her again?               |      |  |  |  |
| Did he/she give pro  | per notice?                  |      |  |  |  |
| What condition did   | he/she leave the property ir | n?   |  |  |  |