

APPLICATION REQUIREMENTS

Please fill out the application completely and submit it to the office with the following requirements:

- 1. A \$35.00 per adult application processing fee is required and is non-refundable under any circumstances.
- 2. Renters' insurance is required. Must provide proof of it within 30 days after move-in date.
- 3. Bring a valid Driver's License/ID, passport, or other government issued proof of identity with your application.
- 4. Verification of income such as a current pay stub, a letter from employer stating income (on company letterhead), or a recent bank statement showing direct deposit is required.
 - -Gross monthly minimum income standard must be twice the rent.
- 5. Must have a good tenant history (present/previous).
- 6. Security deposit is 1.5x the monthly rent. Double security deposit if using guarantor.
- 7. No pets.
- 8. We will reject all applications that have incomplete applications or have any evictions and/or bad credit history.

These standards are applied to <u>all</u> applicants regardless of race, ethnicity, religion, gender, and/or sexual orientation under the laws governing fair housing.

RENTAL APPLICANT REFERENCE FORM

This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.

The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Cooles of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

1. Authorization by rental Applicant for the release	e of information		
I hereby authorize the release of the information requabove. I hereby acknowledge that the Owner/Ager requested.	ested on this Rental Applic nt can make copies of thi	ant Reference Red 's executed page :	quest to the Owner/Agent listed In order to obtain the information
Name	PI	none number ()
Signature	D.	ate	
	COMPLETED BY OWNER		
Name of Owner/Agent			
Address			
City			
Phone number ()			
Applicant's rental information Name of rental community (if any)			
Address of rental unit			
City			
Name of Owner/Agent			
Phone number ()			
Move-in date: Month Year N	love-out date: Month	Year	or Dourrent resident
TO BE COMPLETE	D BY FORMER OR CURF	RENT OWNER/AG	ENT
4. Rental reference Information Did Applicant live at your property during the period in: If no, what were the dates of occupancy? From (r How many times during the past 12 months did Applic Was any check from Applicant returned due to non-su Did you ever file for an unlawful detainer against Appli If yes, what was the result?	month/year):/ ant pay the rent late? fficient funds (NSF)? cant for unpaid rent?	To (month/y	/ear):/ □0 □1-2 □3-5 □6 or more □Yes □No
Does Applicant owe any amount for delinquent rent, under Did Applicant provide notice for ending tenancy according you ever serve a Three Day Notice to Applicant . If yes, please explain:	ding to the terms of the rer	ntal agreement? INot applicable be	☐Yes ☐No cause Applicant still resides at unit
Information provided by: NameInformation obtained by: Phone Mail Fax	Р	hone number (



Page 1 of 1

California Aparlment Association Approved Form
www.caanet.org
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- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

	DE COMPLETED BY APPLIC	MILL		
1. Authorization by rental Applicant for the release	ase of Information			
I hereby authorize the release of the information re above. I hereby acknowledge that the Owner/A requested.	quested on this Rental Applicar gent can make copies of this	nt Reference Red executed page	quest to the Ov In order to ob	vner/Agent listed tain the information
Name	Phc	ne number ()	
Signature	Dat	e		
	BE COMPLETED BY OWNER/			· · · · · ·
2. Person requesting the rental reference				
Name of Owner/Agent				,
Address				Jnit #
City		State	Zip	
Phone number ()	Fax number ()		
Applicant's rental information Name of rental community (if any)			**************************************	
Address of rental unit			L	Jnit #
City	·····	State	Zip	
Name of Owner/Agent	·w····································			
Phone number ()	Fax number ()		
Move-in date: Month Year	Move-out date: Month	Year	or 🗆 curre	ent resident
TO BE COMPLE: 4. Rental reference information Did Applicant live at your property during the period If no, what were the dates of occupancy? From How many times during the past 12 months did App Was any check from Applicant returned due to non-Did you ever file for an unlawful detainer against Ap If yes, what was the result?	n (month/year):/ plicant pay the rent late? -sufficient funds (NSF)? pplicant for unpaid rent?	To (month/y	/ear):/ □0 □1-2	□3-5 □6 or more □Yes □No □Yes □No
Does Applicant owe any amount for delinquent rent Did Applicant provide notice for ending tenancy acc Did you ever serve a Three Day Notice to Applicant If yes, please explain:	cording to the terms of the renta	I agreement? lot applicable be	cause Applicar	□Yes □No nt still resides at unit
Information provided by: Name_ Information obtained by: ☐ Phone ☐Mail ☐Fax	Pho	one number ()	
California Apartment Association	Approved Form	uthorized Re	production	



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EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

1. Authorization by rental Applicant for the release of i	nformation				
I hereby authorize the release of the information requested I hereby acknowledge that the Owner/Agent can make requested.	f on this Employment copies of this execu	Verification Reque I ted page in ord e	est to the Ow e <mark>r to obtain t</mark>	mer/Agent listed a the information	bove.
Name	Phone nun	nber ()			
Signature	Date				_
	IPLETED BY OWNER	R/AGENT			
2. Person requesting the employment reference					
Name of Owner/Agent					
Address				Unit #	
City		State	Zip		
Phone number ()	Fax numbe	r ()			
3. Applicant's employment information: ☐ Present OR ☐ Prior Occupation (check one)					
Employer Name					
Employer Address					
City		State	Zip		
Supervisor's/HR Manager's Name	En	nployer/HR Phon	ie number (_)	
Beginning and Ending Dates of Employment					
Current Gross Income (if applicable) \$					
TO BE VERIFIED BY	CURRENT OR FOR	MER EMPLOYER	र		
4. Employment information verification		Verification pr	ovided by:		
Is the information provided in Section 3 above correct?		Name:			
Employer Name Employer Address Supervisor's/HR Manager's Name Employer/HR Phone Number Beginning and Ending Dates of Employment Current Gross Income (if applicable)	Yes No Yes No Yes No Yes No Yes No Yes No	Title:)		
If No, please explain:		Verification obt	ained by:		
		☐ Phone	□Mail	□Fax	
California Apartment Association Approve		LI FIIONE	□Iviali	⊔гах	



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MOSSER COMPANIES

350 Turk Street San Francisco, California 94102 (415) 673-1608 Fax (415) 673-9192

Residential Rental Application

TO THE APPLICANT: We sincerely thank you for your application. Please help us promptly process this application by clearly completing all of the required information. Date of Application	FOR OFFICE USE ONLY. Date	ng Agent: Alex Truong, 415-622-5190	
PERSONAL INFORMATION Applicant's Full Name Date of Birth Date of Birth Date of Security No Home Phone Driver's License No. & State Work Phone Cell Phone			Rent \$
Date of Application Desired Move-In Date			•
Iype and Size of Unit Wanted (No. of Bedrooms, etc.) How Did You Hear About Our Property? PERSONAL INFORMATION Applicant's Full Name Date of Birth Social Security No. Home Phone Driver's License No. & State E-mail Address Cell Phone	promptly process this application	by clearly completing an or the require-	a momadon.
PERSONAL INFORMATION Applicant's Full Name Date of Birth Social Security No Home Phone Driver's License No. & State Work Phone E-mail Address Cell Phone	Date of Application	Desired Move-In Date	
PERSONAL INFORMATION Applicant's Full Name Date of Birth Social Security No Home Phone Driver's License No. & State Work Phone E-mail Address Cell Phone	Type and Size of Unit Wanted (No. of Bedrooms,	etc.)	
Applicant's Full Name Date of Birth Social Security No Home Phone Driver's License No. & State Work Phone E-mail Address Cell Phone	How Did You Hear About Our Property?		
Applicant's Full Name Date of Birth Social Security No Home Phone Driver's License No. & State Work Phone E-mail Address Cell Phone			
Applicant's Full Name Date of Birth Social Security No Home Phone Driver's License No. & State Work Phone E-mail Address Cell Phone			
Applicant's Full Name Date of Birth Social Security No Home Phone Driver's License No. & State Work Phone E-mail Address Cell Phone			
Social Security No. Home Phone Driver's License No. & State Work Phone E-mail Address Cell Phone	PER:	SONAL INFORMATION	
Driver's License No. & State Work Phone E-mail Address Cell Phone	Applicant's Full Name	Date of Birth	
E-mail Address Cell Phone	Social Security No.	Home Phone	
	Driver's License No. & State	Work Phone	
Full Names of All Other Residents Relationship to You Date of Birth	E-mail Address	Cell Phone	
	Full Names of All Other Residents	Relationship to You	Date of Birth

	RESIDENCE HIS	TORY		
PRESENT ADDRESS				
Telephone	At Present Add	ress/Date From:	To:	
Present Landlord or Mortgage Co.		Telephon	<u> </u>	
Monthly Payment \$ Reason for	Moving			
PREVIOUS ADDRESS				
At Previous Address / Date From:				
Previous Landlord or Mortgage Co.		Telephon	e	of a Military of hands through the continuous program of the continuous continuous and continuous states.
Monthly Payment \$ Reason for	Moving			
EMP	LOYMENT INFO	RMATION		
PRESENT STATUS:	☐ Part-Time	☐ Not Employed	☐ Retired	Student
PRESENT EMPLOYER: (or most recent)		• •		
Employer's Address				
Telephone				
Position Held	Departme	nt		
Supervisor		_Gross Monthly Incom	2 \$	
PREVIOUS EMPLOYER:	THE PROPERTY OF THE PARTY OF TH			
Previous Employer's Address				
TelephoneSupe				
IF STUDENT, LIST SCHOOL				
Present Grade Level	Expects	ed Date of Graduation_		
BANKII	NG AND CREDIT	REFERENCES		
BANK NAME & BRANCH		Telephone		
Checking Account No.		•		
Loan Account No.				
BANK NAME & BRANCH		, ,		
Checking Account No.				
Loan Account No.				
CREDIT REFERENCE		, ,		
Address				
CREDIT REFERENCE				
Address				
CREDIT REFERENCE				
Address				
OTHER REFERENCE				
Address		-		

	CO-APPLI				
Co-Applicant's Full Name_			Date of Bi	rth	
Social Security Number		Driver's Lice	nse No. & State	and the second s	on the second
CO-APPLICANT'S EMPLO	/MENT: □Employed Full-T	ime □Part-Time	☐Not Employed	□Retired	□Student
CO-APPLICANT'S EMPLO	/ER: (or most recent)				
Employer's Address	No. 24		A. V. Maria Maria Maria Maria Maria Maria Maria M.		
Telephone		Dates Employed / F	rom:	To:	
Position Held	Superv	risor	Gross Mon	thly Income 5	VENEZULARENCE TRANSPORTE CONTRACTOR
	отні	ER INFORMATIO	N		
TOTAL NUMBER OF VEHI	CLES (Including Company Ve	ehicles)			
Make / Model	Year	r Color	Tag No./St	ate	
Make / Model	Yea	r Color	Tag No./SI	tate	
Other Car, Motorcy	cle, etc		·		
HOW MANY PETS DO YO	U OR OTHER OCCUPANTS	OWN?			
	Weight, and Age				
Been sued for dama	ed to move out? ☐Yes ☐N ge to rental property? ☐Ye ation	s □No □	n a Rental Agreement eclared Bankruptcy?	□Yes □No	
Been sued for dama Comments/Explana If there are other so Employer, etc.) who	age to rental property? ☐ Yention ources of income you would but we could contact for confirm	s □No □D	eclared Bankruptcy? I	Yes No	(Banker,
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Been sued for dama Comments / Explana If there are other so Employer, etc.) who annual income unle Amount \$ IN CASE OF PERSONAL Relationship Home Phone In considering information and completed in the information have listed A credit of the considering and complete in the considering and consi	ge to rental property? [Ye ation	ike us to consider, pration, You do NOT t in this application Source Source Work Phone Work Phone UTHORIZATION CAREFULLY BEF from you, mana ed. It is important to lication, you rejize management in your consumit	eclared Bankruptcy? Dlease list income, sour have to reveal alimony. Tele Toresent will rely and that the information obtain a consumer credit report of the consumer credit report of	rce and person y, child suppor phone phone on be accur nt the accur rences that er credit rep as an inqu	the ate acy you ort.

APPLICANT: DO NOT WRITE BELOW THIS PAGE FOR MANAGEMENT USE ONLY

Date	Description		Amount	MARCO 34-4-4-4-4-3-4-
REFERENCE VERIFICAT	TION:		Appalanta	***************************************
Reference	Remarks	S	poke With	Ву
☐ Present Landlord				
☐ Previous Landlord	100 m	Medicina de collisión de la circulational desirale actività de Van 2004 de Medicinada de Liberton de Alberton de Van de V		
☐ Employer				
Previous Employer				
☐ Co-Res. Employer				
☐ Bank (I)			and the second s	
☐ Bank (II)				
☐ Credit			***************************************	Vermaner maren anima
☐ Credit				
☐ Credit				
Other				
Credit Bureau				
DISPOSITION OF APP	LICATION:		***************************************	***************************************
☐ Approved ☐ Nat Appro	ved ByDa	ute	***************************************	
IF NOT APPROVED, IND	ICATE REASON(S): Unfavorable Credit Report	☐ Unfavorable Em	inlovment Re	feren
☐Unfavorable Report Fron		☐ Other (Specify):	•	
	a Landiold [] Size of Number of Fets			
Applicant Notified By (N	ame) Date N	Natified		
Notified Via:	ter or Form (Attach Copy) 🔲 Telephone 🗀 lr	ı-Person 🗆 Fax		
Name of Person Notified	J Notes			
			TO THE EMPLOY (TO be should be the Common which disting	
MOVE-IN INFORMATI	ION:	ITEMIZED	CHARGES	
Unit Number/Address		Rental Rate	\$	
		Security Deposit	S	

	·In	ALL CALLS AND AL	.,	***************************************
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Notes		i		