RentQuest
Phone (800) 285-5490
Fax (800) 285-5491

APPLICATION TO RENT

MANAGER'S CHECKLIST
Visual proof of Driver's License or State I.D. ❑ YES ❑ NO

IN THE EVENT OF CO-TENANTS OTHER THAN SPOUSE, USE SEPERATE FORMS FOR EACH APPLICANT

MANAGEMENT COMPANY	APARTMENT COMMUNITY	COMMUNITY CONTACT	COMMUNITY TELEPHONE	COMMUNITY E-MAIL

BILLING STATUS ❑ 1 APPLICANT ❑ 2 APPLICANT ❑ ROOMMATE ❑ COX ❑ MANAGER COX ❑ EMPLOYMENT ❑ N/C Per _____

MOVE-IN DATE	RENT	DEPOSIT	LEASE	APARTMENT #
	$	$		

APPLICANTS - Last Name	First	Middle	Soc. Sec. #	Driver License and State	Birthdate
APPLICANTS - Last Name	**First**	**Middle**	**Soc. Sec. #**	**Driver License and State**	**Birthdate**

OTHER PERSONS TO OCCUPY RENTAL PROPERTY.

	Full Name	Relationship	DOB
1			
2			
3			
4			

Type and size of pets:
(Keeping a pet requires a deposit and owner's consent.)

PART 1 RESIDENCE HISTORY

Present Address	City	State	Zip	How Long?		Phone	Monthly Payment
				_____ Yrs _____ Mo's	❑OWN ❑RENT	( )	$
Name of Present Landlord	**City**	**State**	**Zip**	**(Please Check One)**		**Landlord Day Phone**	**Landlord Night Phone**
				❑Mortgage Company ❑Apartment Community ❑Other		( )	( )

PART 2 PREVIOUS RESIDENCE HISTORY

Previous Address	City	State	Zip	How Long?		Phone	Monthly Payment
				_____ Yrs _____ Mo's	❑OWN ❑RENT	( )	$
Name of Previous Landlord	**City**	**State**	**Zip**	**(Please Check One)**		**Landlord Day Phone**	**Landlord Night Phone**
				❑Mortgage Company ❑Apartment Community ❑Other		( )	( )
SPOUSE'S Previous Address	**City**	**State**	**Zip**	**How Long?**		**Phone**	**Monthly Payment**
				_____ Yrs _____ Mo's	❑OWN ❑RENT	( )	$
Name of Previous Landlord	**City**	**State**	**Zip**	**(Please Check One)**		**Landlord Day Phone**	**Landlord Night Phone**
				❑Mortgage Company ❑Apartment Community ❑Other		( )	( )

PART 3 EMPLOYMENT HISTORY

APPLICANT Employed By	Department	Supervisor Name/Co.	How Long?
			_____ Yrs _____ Mo's
Address **City** **State** **Zip**		**Phone** / **Position**	**Monthly Salary**
		( )	$
APPLICANT Previous Employer	**Department**	**Supervisor Name/Co.**	**How Long?**
			_____ Yrs _____ Mo's
Address **City** **State** **Zip**		**Phone** / **Position**	**Monthly Salary**
		( )	$
SPOUSE'S Employed By	**Department**	**Supervisor Name/Co.**	**How Long?**
			_____ Yrs _____ Mo's
Address **City** **State** **Zip**		**Phone** / **Position**	**Monthly Salary**
		( )	$

Additional Income (Additional income such as child support, alimony, or seperate maintenance need not be disclosed unless such Additional Income is to be included for qualification hereunder.)

Amount of $_____ per _____ Source: _____

PART 4 CREDIT & LOAN REFERENCES

Auto #1 (Year, Make, Model, Color)	**License Plate** / **State**	**Payment made to**		**Monthly Payment**
				$
Auto #2 (Year, Make, Model, Color)	**License Plate** / **State**	**Payment made to**		**Monthly Payment**
				$
Loans	**Account #**	**Address**	**Total Debt**	**Monthly Payment**
			$	$
Charge Accounts and Credit	**Account #**	**Address**	**Total Debt**	**Monthly Payment**
			$	$
Bank or Savings and Loan	**Account #**	**Address**	**Checking Account #**	

PART 5 IMPORTANT INFORMATION

	Phone	Address	City	State	Zip	Relationship
Name of APPLICANT'S Nearest Relative	( )					
Name of SPOUSE'S Nearest Relative	( )					
Emergency Contact	( )					
Personal Contact	( )					

Have you ever been asked to vacate? ❑YES ❑NO

Charged or Convicted of a Criminal Offense? ❑YES ❑NO

I understand that I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of $_____. Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said apartment at _____, I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

NON REFUNDABLE APPLICATION FEE: $ _____

Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above-mentioned apartment complex, as well as inquiries regarding your character, general reputation, personal characteristics, and mode of living may be initiated. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to RentQuest, P.O. Box 1514 Los Altos CA 94023-1514. I/We certify that, to the best of my/our knowledge all statements are true and complete. I/We authorize RentQuest to obtain all reports and verifications necessary to verify all information put forth in the above application and to furnish all information to the landlord named above. False, fraudulent, or missing information may be grounds for denial of tenancy or subsequent eviction.

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

_____ _____
(Applicant) ***Date*** ***(Applicant)*** ***Date***

The information sought is solely for use in evaluation of the named applicant's tenancy.

_____
(Landlord) ***Date***

EQUAL HOUSING OPPORTUNITY

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