

APPLICATION TO RENT

CENTRON MANAGEMENT GROUP INC. P.O.BOX 641041, SAN FRANCISCO, CA 94164 TEL. 415-563-9449 FAX 415-900-4040

(ALL SECTIONS MUST BE COMPLETED)		INDIVIDUAL APPLICATIONS ARE REQUIRED FROM EACH OCCUPANT 18 YEARS OF AGE OR OLDER. PLEASE ATTACH A COPY OF YOUR PHOTO IDENTIFICATION					
LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
OTHER NAMES USED IN LAST 10 YEARS				WORK PHONE NUMBER		HOME PHONE NUMBER	
DATE OF BIRTH				EMAIL ADDRESS		MOBILE/CELLULAR PHONE NUMBER	
DRIVERS LICENSE NUMBER		EXPIRATION	STATE			OTHER ID	
1	PRESENT ADDRESS			CITY		STATE	ZIP CODE
DATE MOVED IN		DATE MOVED OUT		OWNER/MGR NAME		OWNER/MGR PHONE NUMBER	
REASON FOR MOVING							
2	PREVIOUS ADDRESS			CITY		STATE	ZIP CODE
DATE MOVED IN		DATE MOVED OUT		OWNER/MGR NAME		OWNER/MGR PHONE NUMBER	
REASON FOR MOVING							
3	NEXT PREVIOUS ADDRESS			CITY		STATE	ZIP CODE
DATE MOVED IN		DATE MOVED OUT		OWNER/MGR NAME		OWNER/MGR PHONE NUMBER	
REASON FOR MOVING							
PROPOSED OCCUPANTS	NAME(S)			WILL YOU HAVE PETS?		WILL YOU HAVE A DOG WALKER?	
LIST ALL IN ADDITION TO YOURSELF				DESCRIBE PET (NAME, BREED, AGE, WEIGHT, COLOR)			
				BEHAVIOR (<input type="checkbox"/> AGGRESSIVE, <input type="checkbox"/> MED. AGGRESSIVE, <input type="checkbox"/> NON-AGGRESSIVE)			
DO YOU SMOKE?	CAR MAKE	YR	COLOR	LICENSE NUMBER		<u>PLEASE ATTACH A RECENT PICTURE OF YOUR PET</u>	
A	PRESENT OCCUPATION OR SOURCE OF INCOME			EMPLOYER NAME			
HOW LONG WITH THIS EMPLOYER?		SUPERVISOR'S PHONE NUMBER		EMPLOYER ADDRESS			
NAME OF YOUR SUPERVISOR				CITY, STATE, ZIP			
B	PRIOR OCCUPATION OR SOURCE OF INCOME			EMPLOYER NAME			
HOW LONG WITH THIS EMPLOYER?		SUPERVISOR'S PHONE NUMBER		EMPLOYER ADDRESS			
NAME OF YOUR SUPERVISOR				CITY, STATE, ZIP			

CURRENT MONTHLY GROSS INCOME \$ _____	PLEASE LIST ALL OF YOUR FINANCIAL OBLIGATIONS BELOW
--	--

NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER
		CHECKING
		SAVINGS

NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MONTHLY PAYMENT AMOUNT

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	PHONE	CITY	RELATIONSHIP

PERSONAL REFERENCES	ADDRESS	PHONE	LENGTH OF AQUAINTANCE	OCCUPATION

Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been evicted or been asked to move? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted for selling, distributing or manufacturing illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever willfully and intentionally refused to pay any rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor or felony other than a traffic or parking violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agree to furnish additional credit references upon request. Applicant consents to allow owner/manager to disclose tenancy information to previous or subsequent owners/managers.

Applicant agrees to make a non-refundable payment of \$25.00, which is to be used to screen Applicant with regards to credit history and other background information. The amount charged is itemized as follows:

- | | |
|---|----------------|
| 1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports | \$15.00 |
| 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) | <u>\$10.00</u> |
| 3. Total fee charged | \$25.00 |

The undersigned makes application to rent housing accommodations designated as:

Apt No. _____ **Located at** _____ --

The rent for which is \$ _____ **per month with a starting date of** _____ **and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required security deposit of \$** _____ **, before occupancy.**

Applicant (1)

Date

Applicant (2)

Date

RECEIPT FOR TENANT SCREENING AND/OR CREDIT CHECKING FEES

Owner/manager received \$ _____ from the undersigned, hereinafter called "Applicant", who offers to rent from owner the premises located at:

_____, Unit # (if applicable) _____
(street address)

Applicant authorizes verification of information supplied by applicant via methods which may include, but are not limited to, tenant screening and credit checking. Payment is to be used to screen "Applicant" with regards to credit history and other background information. The amount charged is itemized as follows:

- 1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports: \$ _____
- 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$ _____
- 3. Total fee charged (can not exceed \$30 per applicant, which may be adjusted annually with the CPI of 1-1-98) \$ _____

Date

Applicant

Date

Owner/Agent