Please return to: Peter Wilson

10857 Vernon Way Grass Valley, CA 95945

Tel: 530-477-0708

APPLICATION TO RENT

Please complete both sides and sign this application. Individual applications must be submitted by each person responsible for payment of manthly rent.

PERSONAL INFORMATION							
LAST NAME	FIRST NAME		MIDDLE NAME		HOME PHONE NO.		
DATE OF BIRTH	DRIVER'S LICENSE NO.		STATE		SOCIAL SECURITY NO.		
PRESENT ADDRESS		PREVIOUS ADDRESS					
CITY	STATE	ZIP	CITY		STATE	ZIP	
DATE IN	DATE OUT		DATE IN		DATE OUT		
OWNER/MANAGER	PHONE NO.		OWNER/MANAGER		PHONE NO.		
REASON FOR MOVING			REASON FOR MOVING				
HAVE YOU EVER BEEN EVICTED OR ASKE	O TO MOVE? IF SO, PL	EASE EXPLAIN:					
				·	-		
PROPOSED OCCUPANTS (IN ADDITION TO APPLICANT)		VEHICLE MAKE	MODEL	YEAR	LICENSE NO.		
			VEHICLE MAKE	MODEL	YEAR	LICENSE NO.	
-			ANY PETS? DESCRIBE:				
			ANY LIQUID-FILLED FURNITURE? DESCRIBE:				
			MOTHER'S MAIDEN NAME				
PERSONAL REFERENCES	ADDRESS		PHONE			YEARS KNOWN	
	•						
				, , , , , , , , , , , , , , , , , , ,			
	1					1	
IN CASE OF EMERGENCY, NOTIFY	ADDRESS			PHONE	RELATIONSHIP		

EMPLOYMENT INFORMATION							
EMPLOYER	PREVIOUS EMPLOYER						
ADDRESS		ADDRESS					
PHONE	SUPERVISOR	PHONE	*	SUPERVISOR			
POSITION	LENGTH OF EMPLOYMENT	POSITION		LENGTH OF EMPLOYMENT			
				L			
CURRENT GROSS INCOME: \$	PER	WEEK	MONTH YEAR	}			
CREDIT INFORMATION					,		
NAME OF BANK	BRANCH OR ADDRESS	ACCOUNT NO.		CHECKING	SAVINGS		
				CHECKING	SAVINGS		
Please list all of your financial obligations	s below:						
NAME OF CREDITOR	ADDRESS		PHONE		MO. PAYMENT		
					,		
					· ·		
			/				
	to rent the accommodations located at						
	s true and correct and hereby authorizes verif es if requested. Applicant agrees, if accepted						
	to pay all sums due, including the required o						
Signature of Applicant		Date					