

# ALLIED WEST

rental management

90 Mark West Springs Rd. Suite 210 Santa Rosa, CA 95403

Phone 707-919-0475 office 707.494.5414 mobile email application to:

[rentals@alliedwestrental.com](mailto:rentals@alliedwestrental.com)

Address of property you are applying for \_\_\_\_\_

Number of occupants \_\_\_\_\_ Move-in Date \_\_\_\_\_ Pets \_\_\_\_\_

**INCOMPLETE APPLICATIONS will not be accepted, Misrepresented or fraudulent information will be subject to delay and/or disqualification of this application. \*\***

## RENTAL TENANT CRITERIA

- Credit Check: There is a NON-REFUNDABLE fee for processing the rental application. \$60.00 for each applicant. (an applicant is anyone over the age 18 years)
- Payment for the credit check will be accepted in the form of a Cashier's Check or Money Order, NO CASH will be accepted. All decisions are subject to verification of information provided and review of the credit check, any omission or misstatement of necessary information will cause your application to be turned down.
- Employment history up to 5 years—Self-employed person will be asked to provide tax information
- No Security Deposit Assistance will be accepted
- Verifiable income of 2.5 times the amount of the rental amount of the property applied for
- Present/Past rental history & references for the last 5 years and 3 personal references
- 700+ credit score for the anchor tenant all additional must have 675 + or better
- Copies of last 3 months pay stubs and bank statements
- No Bankruptcy; No Criminal Background; No Evictions
- Copy of Photo ID

Full Name		Date of Birth		Social Security Number		Driver's License No.	
Phone # (1)			Phone # (2)			Email:	
Name of co-tenant		Date of Birth		Social Security Number:		Driver's License No.	
Current Address: City: State:                      Zip				Monthly Rent: \$		Month and Year:    /    /	
Landlord/owners name:			Landlords Phone:		Reason for moving:		
Previous Address: City: State:                      Zip				Monthly Rent: \$		Month and Year:    /    /	
Landlord/Owners Name:				Landlord Phone:		Reason for moving:	
Previous Address:				Monthly Rent: \$		Month and Year:    /    /	
Landlord/owners name:			Landlords Phone:		Reason for moving:		
Car- year/make:		Model:		Color:		License No.	

Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No How many:	Type:	Breed:	Weight:
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Present Occupation	Employer/ Name	Additional Income	CO -Tenants Occupation
Business Address			
Business Phone			
Position			
Name of Supervisor			
Length of Employment			
Mo. Gross Income			

Name Personal Reference	Address	Phone No.	Length of Acquaintance	Occupation
Bank Info	Address	Phone No.	Account Type	Account No

I HAVE VIEWED THE INTERIOR OF THE OFFERED RENTAL PROPERTY AND UNDERSTAND AND AGREE THAT IT IS RENTED IN ITS PRESENT CONDITION. I AM REQUESTING THAT THE FOLLOWING IMPROVEMENTS AND/OR WORK BE PERFORMED PRIOR TO MY TAKING OCCUPANCY. IT IS MY UNDERSTANDING THAT NONE OF THESE IMPROVEMENTS CAN OR WILL BE DONE WITHOUT PRIOR APPROVAL OF THE PROPERTY MANAGER AND/OR PROPERTY OWNER.

Consent to Verification of Credit and Other Information

I understand and agree (1) this is an application to rent only and does not guarantee that I will be offered the property, and (2) Landlord may accept more than one application for the property and, using their sole discretion, will select the best qualified applicant.

Have you or any proposed occupant:	When:	Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> N
Ever filed a petition for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been evicted or had an eviction notice served to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Have you ever been accused/convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Have you ever willingly or intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Are you a current illegal abuser or addict of a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	

Have you ever been convicted of illegal manufacture or distribution of a controlled substance? [ ] Yes [ ] No Describe:

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT AND AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED AND OBTAINING A CREDIT REPORT. IT IS UNDERSTOOD THAT THE LANDLORD MAY TERMINATE ANY AGREEMENT ENTERED INTO RELIANCE ON ANY MISSTATMENT MADE ON THIS APPLICATION.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name and date of birth of each child: \_\_\_\_\_

DOB: \_\_\_\_\_

Name and date of birth of each child: \_\_\_\_\_

DOB: \_\_\_\_\_

Name and date of birth of each child: \_\_\_\_\_

DOB: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to contact: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_