

# APPLICATION TO RENT

Tenant  
 Guarantor

(all sections must be completed)

Individual applications required from each occupant 18 years of age or older.

LAST NAME	FIRSTNAME	MIDDLENAME	SOCIAL SECURITY NUMBER
OTHER NAMES USED IN THE LAST 10 YEARS		WORK PHONE NUMBER	HOME PHONE NUMBER ( )
DATE OF BIRTH	EMAIL		MOBILE/CELL PHONE NUMBER ( )
DRIVER'S LICENSE NO.	EXPIRATION	STATE	OTHER ID
1 PRESENT ADDRESS		CITY	STATE ZIP CODE
DATE IN	DATE OUT	OWNER/AGENT NAME	OWNER/AGENT PHONE NO. ( )
REASON FOR MOVING			
2 PREVIOUS ADDRESS		CITY	STATE ZIP CODE
DATE IN	DATE OUT	OWNER/AGENT NAME	OWNER/AGENT PHONE NO. ( )
REASON FOR MOVING			
3 NEXT PREVIOUS ADDRESS		CITY	STATE ZIP CODE
DATE IN	DATE OUT	OWNER/AGENT NAME	OWNER/AGENT PHONE NO. ( )
REASON FOR MOVING			

PROPOSED OCCUPANTS	NAME	NAME
LIST ALL IN ADDITION TO YOURSELF		
WILL YOU have pets?	DESCRIBE	WILL YOU HAVE liquid filled furniture?
		DESCRIBE

am  am not a member of the Armed Forces (including the National Guard and Reserves).

A	Present occupation or source of income	Employer name	
	How long with this employer	Supervisor's Phone # ( )	Employer address
	Name of your supervisor		City, State ZIP
B	Prior occupation	Employer name	
	How long with this employer	Supervisor's Phone # ( )	Employer address
	Name of your supervisor		City, State ZIP

Current gross income \$	PER	Check One		<b>Please list ALL of your financial obligations below and on following page</b>
		<input type="checkbox"/> Week	<input type="checkbox"/> Month	
			<input type="checkbox"/> Year	
Name of your bank		Branch or Address		Account Number
				checking
				savings



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913 Willow St. #206 office: 408.249.2277  
San Jose, CA 95125  
www.amberrealty.com fax: 408.295.2904



Amber Realty

& PROPERTY MANAGEMENT

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Name of creditor	Address	Phone Number	Mo. pymt. amt.
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	

In case of emergency, notify:	Address	Phone	City	Relationship
1.		( )		
2.		( )		
Personal References:	Address	Phone	Length of Acquaintance	Occupation
1.		( )		
2.		( )		

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Other motor vehicles: \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Have you ever been evicted or asked to move? \_\_\_\_\_

Have you ever been convicted of selling, distributing or manufacturing illegal drugs? \_\_\_\_\_

**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 agrees to furnish additional credit references upon request. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owners/Agents.**

Owner/Agent will require a payment of \$ 20 , which is to be used to screen Applicant with respect 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 (cannot exceed \$30 per applicant, which may be adjusted annually with the CPI as of 1-1-98)\$ \_\_\_\_\_

The undersigned is applying to rent the premises designated as:

Apt. No. \_\_\_\_\_ Located at \_\_\_\_\_

the rent for which is \$ \_\_\_\_\_ per \_\_\_\_\_. Upon approval of this application, and execution of a rental agreement or lease, the applicant shall pay all sums due, including required security deposit of \$ \_\_\_\_\_, before occupancy.

Date \_\_\_\_\_ Applicant (signature required) \_\_\_\_\_

**CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY**

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.



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## NOTICE OF REQUESTED REPORTS

**Applicant:**

1. On \_\_\_\_\_ (Date) Owner/Agent requested the report(s) checked below, which provide information regarding the consumer's character, general reputation, personal characteristics and mode of living:

Check if Applicable	Type of Report	Reporting Agency Contact Information (Name, Address, Telephone Number)
	Criminal Background Check	
✓	Unlawful Detainer (Eviction) Report	
✓	Consumer Credit Report	

Under Section 1786.22 of the California Civil Code, you may view the file maintained about you at the consumer reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the cost of duplication services, by appearing at the consumer reporting agency identified above in person or by mail. You may also receive a summary of the file by calling the consumer reporting agency. The agency is required to have personnel available to explain your file to you, and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

2. If you would like a copy of the report(s), please check the box below, fill in your contact information, and return it to the Owner/Agent at the address listed below. The report will be sent within three business days of receipt.

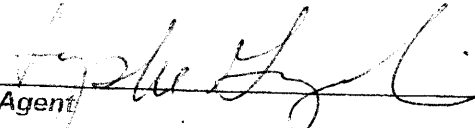
I request a copy of the report(s) checked above.

**Applicant Contact Information:**

(Applicant Name)	(Phone)
(Address)	(Fax)
(City)	(E-Mail)
(State)	(Zip)

Date \_\_\_\_\_

408-295-2904  
(Fax)

  
 \_\_\_\_\_  
 Owner/Agent  
 913 Willow St #206  
 \_\_\_\_\_  
 (Address)  
 San Jose CA 95125  
 \_\_\_\_\_  
 (City) (State) (Zip)

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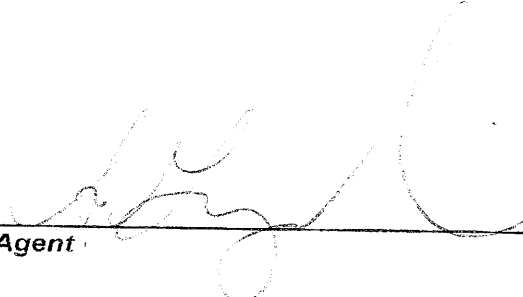
# CERTIFICATION TO CONSUMER REPORTING AGENCY

This notice is to certify that Assos Inc, dba Amber Realty Owner/Agent  
Name (Please Print)

is in compliance with the Fair Credit Reporting Act and California Civil Code Section 1786.16 and will  
comply with Section 1786.40 if the taking of adverse action is a consideration and has received written  
authorization from \_\_\_\_\_ (Applicant).  
Name (Please Print)

Information received will be used for hiring of a dwelling unit.

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Owner/Agent

AMBER REALTY & PROPERTY MGMT  
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