

SASSI PROPERTY MANAGEMENT

35 E. 10TH STREET #D2

TRACY, CA.95376

PHONE: 209 603-0537 FAX: 209 249-5272

Rental Application & Information Release Form

1st APPLICANT'S NAME _____ **Cell #** _____

MAIDEN NAME _____ **SOCIAL SECURITY #** _____

BIRTHDAY _____ **DRIVERS LIC. #** _____ **STATE** _____

2nd APPLICANT'S NAME _____ **Cell #** _____

MAIDEN NAME _____ **SOCIAL SECURITY #** _____

BIRTHDAY _____ **DRIVERS LIC. #** _____ **STATE** _____

EMAIL _____ **EMAIL** _____

PRESENT RESIDENCE INFORMATION

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

HOME PHONE# _____ **CURRENT RENT? \$** _____ **HOW LONG** _____

LANDLORD'S NAME _____ **ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE # ()** _____

WHY ARE YOU MOVING? _____

PREVIOUS ADDRESS (If Less than 2 years) _____

CITY _____ **STATE** _____ **ZIP** _____ **HOW LONG** _____

PREVIOUS LANDLORD'S NAME _____ **PHONE # ()** _____

EMPLOYMENT REFERENCES:

1st APPLICANT'S EMPLOYER _____

EMPLOYER'S ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

SUPERVISOR'S NAME _____ **DEPT** _____ **PHONE # ()** _____

LENGTH OF TIME EMPLOYED _____ **YRS.** _____ **MONTHS, POSITION** _____

MONTHLY INCOME \$ _____ **ANY ADDITIONAL INCOME \$** _____

1st APPLICANT'S PREVIOUS EMPLOYER _____

EMPLOYER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

SUPERVISOR'S NAME _____ DEPT _____ PHONE # (____) _____

LENGTH OF TIME EMPLOYED _____ YRS. _____ MONTHS, POSITION _____

MONTHLY INCOME \$ _____ ANY ADDITIONAL INCOME \$ _____

2nd APPLICANT'S EMPLOYER _____

EMPLOYER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

SUPERVISOR'S NAME _____ DEPT _____ PHONE # (____) _____

LENGTH OF TIME EMPLOYED _____ YRS. _____ MONTHS, POSITION _____

MONTHLY INCOME \$ _____ ANY ADDITIONAL INCOME \$ _____

2nd APPLICANT'S PREVIOUS EMPLOYER _____

EMPLOYER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

SUPERVISOR'S NAME _____ DEPT _____ PHONE # (____) _____

LENGTH OF TIME EMPLOYED _____ YRS. _____ MONTHS, POSITION _____

MONTHLY INCOME \$ _____ ANY ADDITIONAL INCOME \$ _____

BANKING REFERENCES:

BANK NAME (CHECKING/ACCT.) _____ ACCT.# _____

BANK NAME (SAVING/ACCT.) _____ ACCT.# _____

NAMES OF PEOPLE WHO WILL BE LIVING AT THIS ADDRESS

NAME _____ RELATIONSHIP _____ AGE _____

NAME _____ RELATIONSHIP _____ AGE _____

NAME _____ RELATIONSHIP _____ AGE _____

PERSONAL REFERENCES (NOT RELATED)

NAME _____ ADDRESS _____ PHONE # (____) _____

NAME _____ ADDRESS _____ PHONE # (____) _____

NAME _____ ADDRESS _____ PHONE # (____) _____

PARENTS NAME _____ PHONE # (____) _____

PARENTS ADDRESS _____ CITY _____ STATE _____ ZIP _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ PHONE # (____) _____

ADDRESS _____ CITY _____ STATE _____ RELATIONSHIP _____

VEHICLES OWNED:

AUTO LIC.PLATE # _____ STATE _____ MAKE _____ YEAR _____

AUTO LIC.PLATE # _____ STATE _____ MAKE _____ YEAR _____

HAVE YOU EVER BEEN CONVICTED OF A []FELONY, []MISDEMEANOR?

If yes explain: _____

HAVE YOU EVER GONE THROUGH BANKRUPTCY, BEEN EVICTED, HAD ANY JUDGEMENTS, CREDITORS OR OTHER LEGAL PROCEEDING AGAINST YOU? _____

IF yes, explain: _____

PROPERTY ADDRESS OF RESIDENCE YOU ARE APPLYING TO RENT: _____

NUMBER OF BEDROOMS: _____ RENT PER MONTH IS \$ _____

A NON-REFUNDABLE PROCESSING FEE OF \$30.00 PER PERSON, 18 YRS AND OVER IS DUE AT THE TIME THE RENTAL APPLICATION IS FILLED OUT. CASH OR MONEY ORDER ONLY

I/we hereby authorize **Sassi Property Management** and/or any Credit Information Services to obtain information concerning my past credit, and/or tenant-landlord history now or anytime in the future. I hereby authorize any of the following sources, including but not limited to landlords, public or privately owned utilities, current or past creditors, governmental housing agencies, and/or other credit reporting agencies to release any information to **Sassi Property Management** or any Credit Information Service concerning my/our past credit and/or tenant-landlord history. I hereby release any of the above sources, their officers, agents, or employees from any liability for damages of whatsoever kind or nature whether caused by negligence or otherwise which may at any time result to me/us by reason of compliance with the above mentioned inquiry which may include the answering of specific questions and the giving of any information concerning my/our past records.

I HAVE READ THE ABOVE AND I AM IN COMPLETE AGREEMENT WITH IT.

APPLICANT 1 SIGNATURE

DATE

APPLICANT 2 SIGNATURE

DATE