**Application for Rental**Print out and return: Arcata Property Management P.O.Box 1184 Arcata, CA 95518

Full Name	Phone ()	Work Phone ()_			
Social Security Number	Current Driver's Lice	ense #	State		
Present Address	C	city State	Zip		
How Long? If renting, A	Apartment name/location	Phone (_	)		
Landlord/Manager name	andlord/Manager name Alternative Ph				
Why are you leaving?					
	e-mail address				
Previous Address	C	ityState	Zip		
How long? If renting, Apt.	name/location	Phone (_	)		
Landlord/Mgr's name		Alternative Phone ()			
Why did you leave?					
Rent Payment \$					
Present employer	Position	How long?			
Address		Phone ()			
Gross Monthly Income before de	ductions \$ Other Ir	ncome \$ Source	e		
Former Employer	Position	How long	j?		
Address		Phone ()			
Why did you leave?					
	CREDIT REFERE				
This may include store credit car	ds Rental stores, car loans, small loa	ans etc.			
Bank	Acct# (s)	Branch			
Checking Savings Loan(s)					
CitySta	te Approx. Balance \$	How long?			
Other Active Credit Ref	Account #	Exp. Date			

Type of Account	Credit Limit \$	How long	Are all payables cur	rent ?
Other Active Credit Ref	Acc	ount #	Exp. Date	
Have you ever been evict Have you ever had a fore	ted? YES [] NO []. closure/repossession? Yes	[] No []		
DateIf y	yes , explain			
Have you ever filled for ba	ankruptcy? Yes [ ] No [ ]	If yes, Chapter 7 [	] or Chapter 13 [ ]	
Explain				
Have you ever been conv	ricted of a crime, other than	a traffic violation ?	Yes [ ] No [ ].	
If yes, explain				
	PE	RSONAL REFERE	NCES	
(List 3 persons, OTHER 1	THAN YOUR RELATIVES,	that we may contac	ct to verify your character	.)
Name	Relatio	nship	Phone ()	
Address		_City	State	Zip
Name	Relatio	nship	Phone ()	
Address		_City	State	Zip
Name	Relatio	nship	Phone ()	
Address		_City	State	Zip
		EMERGENCY		
Name	Relatio	nship	Phone ()	
Address		_City	State	Zip
Name	Relatio	nship	Phone ()	
Address		_City	State	Zip
		OTHER INFORMAT	TION	
(Other persons, including	children who will live in the	dwelling unit)		
Name		Name		
Name		Name		
		*PETS		
Name	_ Type Weigh	t Name	Type	Weight

<sup>\*</sup>NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fees. NO EXCEPTIONS.

Date of desir	ed occupancy		An	ticipated length of stay						
Do you own: Vacuum cleaner [] Lawn mower [] Waterbed [] Musical inst. [] Smoker yes [] No []										
LIST ALL MOTOR VEHICLES, INCUDING RECREATIONAL TO BE KEPT AT THE PROPERTY										
MAKE	COLOR	MODEL	YEAR	LICENSE PLATE#	STATE	MONTHLY PAYMENT				
						\$				
						\$				
A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE ID CARD, SOCIAL SECRUITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2 (s) OR COPY OF LAST YEARS INCOME TAX RETURN ARE ATTACHED TO THE APPLICATION (), OR WILL BE PROVIDED (). I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.										
Applicant's A	uthorization									
Date										

Please print out this form and mail along with \$20 Credit Check Fee (Non-refundable) to:

ARCATA PROPERTY MANAGEMENT
P.O.BOX 1184
Arcata, CA 9551 OR Hand Deliver to 400 G Street, Arcata