APPLICATION TO RENT

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

Please provide the following when submitting your application:

- 1. Current California Driver's License or passport.
- 2. Social Security Card
- 3. Two (2) most recent pay stubs or proof of income (self employed two previous year's tax return)
- 4. Most recent utility bill (any one of the following: PG& E, water, sewer)
- 5. Non-refundable application fee in the amount of Fifty Dollars (\$50.00), AFTER viewing the inside of the property.

Incomplete or unsigned or illegible applications will not be processed.

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECU	IRITY NUMBER	
OTHER NAMES USED.	EMAIL ADDRESS	EMAIL ADDRESS		CELL PHONE NUMBER	
DATE OF BIRTH	DRIVER'S LICENSE NO.	DRIVER'S LICENSE NO. STATE		HOME PHONE NUMBER	
1 PRESENT ADDRESS		CITY	STATE	ZIP CODE	
DATE IN	DATE OUT	OWNER/MGR NAME	OWNER/MGR	OWNER/MGR PHONE NO.	
REASON FOR MOVING			RENT \$	RENT \$	
2 PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	
DATE IN DATE OUT		OWNER/MGR NAME	OWNER/MGR	OWNER/MGR PHONE NO.	
REASON FOR MOVING			RENT \$		
3 PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	
DATE IN	DATE IN DATE OUT		OWNER/MGR	OWNER/MGR PHONE NO.	
REASON FOR MOVING			RENT \$	RENT \$	

PROPOSED OCCUPANTS - list all occupants in addition to yourself					
NAME	RELATIONSHIP	DATE OF BIRTH	NAME	RELATIONSHIP	DATE OF BIRTH

EMPLOYMENT AND INCOME HISTORY:		
Present Employer:	Self Employed:	yes / no
Address:	Phone Number:	
Position/Title:	Start Date:	
Income: \$		
IF LESS THAN 2 YEARS, LIST PREVIOUS EMPLOYERMENT AND INCOME HISTORY		
Previous Employer:	Self Employed:	yes / no
Address:	Phone Number:	
Position/Title:	Start Date:	
Income: \$	End Date:	
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1229 Rosemarie Lane, Suite A Stockton, California 95207 (209) 957-3831 Monday - Friday 10:00 am - 12 pm & 1 pm - 3 pm Please list all of your financial obligations below

Name of your Bank	Branch or Address	Account Number
		checking
		savings

Name of Creditor	Type of Credit	Minimum Monthly Pymt	Balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

In case of emergency, notify	Address	City	Phone Number	Relationship

Personal references	Address	Phone Number	Occupation	Relationship

Automobile: Make	Model	Year	_ License #
Automobile: Make	Model	Year	_ License #
Other Motor Vehicles:		Year	_ License #
Have you ever filed for bankruptcy?	If yes, discharge date?	In which court?	
Have you ever had an unlawful detain	ner filed against you?		
Have you ever been evicted or asked	I to move?		
Do you have any pets?			
Are you looking for a short-term lease	e? If yes, how long?		
Applicant represents that all	the above statements are true and correct	and hereby authorize	s 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 allo	ow Bruce Ghio Realtors (BGR)/owner/manag	ger to disclose tenand	y information to previous or
	subsequent owners/man	agers.	
Upon submission this applicat	ion & supporting documentation becomes the p	roperty of Bruce Ghio R	ealtors and will not be returned.
The undersigned is applying to r	ent housing:		
Property Address:		Monthly ren	t: <u>\$</u>
Projected Move-in Date:		Deposit	: _\$
Applicant (signat	ure required)		Date

BGR 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.