

Jim Murrey

BRE #01867105

DATE: January – December 2014

TO: Prospective Tenant(s)

FROM: Rental Department

RE: Application Procedures

Thank you for your interest in one of EBMC's rental properties. We do our best to process complete applications within two to three business days of receipt. In order for us to process your application immediately, please review and comply with the following:

- An application must be completed by <u>each adult who is 18 years and older</u>. There is also a <u>\$30 Application Fee</u>, required for each adult 18 years and older. This is a <u>non-refundable fee</u> and must be paid in a guaranteed form such as money order or cashier check (<u>No cash or personal checks for application fee</u>). Without your application fee, your application will not be processed.
- Ensure you list your current and previous landlords name and contact information.
- Sign in ALL appropriate places. Note: There are 4 different places for you to sign.
- Submit proper income verification. We need your last two paycheck stubs equal to 1 month of paychecks.
- If self-employed, provide your recent tax return or 1099's and proof of income (3 Months of bank statements).
- We will need **official photo identification** (driver's license, passport, etc). Note: DO NOT FAX. If you cannot bring a copy to our office, please arrange to mail or email a copy.
- Note: Failure to submit all information / documentation will result in automatic denial of application.

Please note: approval of applications is based on several factors including; income, credit history and rental / housing history and references. If you do not meet the standards, you may be offered other remedies such as a higher deposit or having a Co-signor. Co-signors must complete a separate rental application. Please note: this will be determined on a case-by-case basis.

My signature below indicates I understand and agree with the terms as outlined above.

Date:	Signature:
Questions or concerns may be directed to the Rental	Department at (760) 431-5422.
California Bureau of Real Estate Licensees:	

Email: jimmurrey@ebmc.com

(760) 431-5422

APPLICATION TO RENT

☐Tenant ☐Guarantor

(<i>F</i>	All sections m	ust be o	complet	.ed)	Individ	lual applicat	tions rec	quired	from eac	ch occı	upan	it 18 ye:	ars of a	ge or older.
Las	st Name			First Name			Middle N						per or ITII	
Oth	her names used	d in the l	last 10 ye	ears	Wc (ork phone num)	nber			Home p	hone)	number		
Da	te of birth	-		E-mail addres	SS					Mobile/0	Cell p	hone nu	mber	
Ph	oto ID/Type		Number	l T		Issuing gover	rnment		Exp. date	IV.	0	ther ID		
1. Present address					City					State Zip				
	Date in	Г	Date out		Owner/Aç	gent Name					Own	er/Agent	t Phone r	number
	Reason for mo	oving ou	t							Current \$	rent	/Mc	onth	
2. Previous address					City				State Zip					
	Date in		Date out		Owner/Agent Name				Owner/Agent Phone number				number	
	Reason for mo	oving ou	t								<u> </u>			
3.	Next previous	address						Cit	y			State		Zip
Date in Date out				Owner/Agent Name				Owner/Agent Phone number			number			
	Reason for mo	ving ou	t		<u> </u>									
	oposed ccupants:	Name						Name						
List	. 11	Name						Name						
to y	yourself	Name						Name						
	you have ts?	Describ	e				Do you h		Descr	ribe				
	w did you hear	about th	nis rental	l?			ı							
A. Current Employer Name						Job Ti	Job Title or Position Dates of Emp					Employment		
Employer address						Emplo	Employer/Human Resources phone number							
	City, State, Zip)					Name of your supervisor/human resources manager							
Cu	rrent gross inco	ome		Check	one									
\$				Per ☐ We	ek 🗆 Mo	onth 🛮 Year								
B.	Prior Employer	r Name					Job Tif	tle or Po	osition				Dates of	Employment
	Employer addr						Employer/Human Resources phone number ()							
	City, State, Zip)					Name	of you	r superviso	or/humai	n reso	ources m	nanager	
Oth	her income sou	ırce				Amoun	ıt \$			Frequ	iency			
Oth	her income sou	ırce				Amoun	ıt \$			Frequ	iency			







Name of your bank		Branch or address			Α	ccoun	t Number
,							
		Please list ALL of your financial obli	gations h	olow			
Name of Creditor		Address	yations t		Number	Mont	hly Pymt. Amt.
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				()			
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In case of emergency, no	otify:	Address: Street, City, St	ate, Zip		Relationsh	ip	Phone
			Lend	gth of			
Personal References) <u>.</u>	Address: Street, City, State, Zip		intance	Occupation	n	Phone
utomobile: Make:		Model:	Ve	ar:	License #		
		Model:	Ye	ar:	License #	:	
her motor vehicles:							
eve you ever filed for bankruptcy	y?	Have you ever been	evicted o	r asked to m	nove?		
ave you ever been convicted of	selling, distr	ibuting or manufacturing illegal drugs?					
urnish additional credit refere eports, unlawful detainer (evi	ences upon iction) repo	tatements are true and correct, authorizes the Corts, bad check searches, social secu Applicant consents to allow Owner/	Owner/Ag urity num	ent to obtai ber verifica	in reports thation, fraud w	at may arnings	include credit s, previous
Owner/Agent will require a payn	nent of \$, which is to be use	ed to scre	en Applicant	i.		
	t, unlawful de d verify scre	etainer (eviction) search, and/or other sening information (may include staff tir					
The undersigned is applying t	to rent the	premises designated as:					
Apt. No Located at							
he rent for which is \$	per	Upon approval of this appequired security deposit of \$	olication, a	nd execution	n of a rental/le	ease ag	reement, the
Date		Applican	t (signati	ure required	1)		_



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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.







EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

TO BE SOM	M LETED DI ALLE				
1. Authorization by rental Applicant for the release of in	formation				
I hereby authorize the release of the information requested I hereby acknowledge that the Owner/Agent can make crequested.					below.
Name	Phone nun	nber ()_			
Signature	Date				_
TO BE COMP	PLETED BY OWNER	R/AGENT			
2. Person requesting the employment reference					
Name of Owner/Agent					
Address				Unit #	
City		State	Zip		
Phone number ()	Fax numbe	r ()_			
3. Applicant's employment information: ☐ Present OR ☐ Prior Occupation (check one)					
Employer Name					
Employer Address					
City					
Supervisor's/HR Manager's Name	En	nployer/HR Pho	one number (_)	
Beginning and Ending Dates of Employment					
Current Gross Income (if applicable) \$					
TO BE VERIFIED BY	CURRENT OR FOR	MER EMPLOYE	:R		
4. Employment information verification		Verification p	provided by:		
Is the information provided in Section 3 above correct?		Name:			
Employer Name Employer Address Supervisor's/HR Manager's Name Employer/HR Phone Number Beginning and Ending Dates of Employment Current Gross Income (if applicable)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Title:			
If No, please explain:		Verification ob	otained by:		
		☐ Phone	□Mail	□Fax	
California Assument Association Assumed	(F				



California Apartment Association Approved Form www.caanet.org

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Page 1 of 1

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RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

TO BE COMPLETED BY OWNER/ 2. Person requesting the rental reference Name of Owner/Agent	one number (te //AGENT	in order to	obtain the information
Signature Dat	te	Zip	Unit #
TO BE COMPLETED BY OWNER/ 2. Person requesting the rental reference Name of Owner/Agent	AGENT State	Zip	_ Unit #
TO BE COMPLETED BY OWNER/ 2. Person requesting the rental reference Name of Owner/Agent	AGENT State	Zip	_ Unit #
Name of Owner/Agent	State	Zip	
	State	Zip	
Address	State	Zip	
City))		
Phone number () Fax number (
Applicant's rental information Name of rental community (if any)			
Address of rental unit			_ Unit #
City			
Name of Owner/Agent			
Phone number () Fax number ()			
Move-in date: Month Year Move-out date: Month	Year	or □cι	urrent resident
TO BE COMPLETED BY FORMER OR CURRE	NT OWNER/AG	ENT	
4. Rental reference information Did Applicant live at your property during the period indicated above?	To (month/y	/ear): □0 □	/ 1-2 □3-5 □6 or more □Yes □No □Yes □No
Does Applicant owe any amount for delinquent rent, utilities or damage to unit? Did Applicant provide notice for ending tenancy according to the terms of the renta Did you ever serve a Three Day Notice to Applicant If yes, please explain:	l agreement? lot applicable be	cause Appli	□Yes □No cant still resides at unit
Information provided by: Name Pho Information obtained by: □ Phone □Mail □Fax	one number ()	



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