



7600 N. Ingram, Ave 101 Fresno, CA 93711
 Office: (559)438-9411 Fax (559)438-9415
 www.FresnoPMC.com

APPLICATION TO RENT

COMPLETE SEPARATE APPLICATION FOR EACH ADULT TENANT

PERSONAL INFORMATION

FIRST NAME		LAST NAME		MIDDLE NAME		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		
PRESENT ADDRESS			CITY		STATE	ZIP CODE	
DATE MOVE IN		DATE MOVE OUT	OWNER/AGENT NAME			OWNER/AGENT PHONE NO.	
PREVIOUS ADDRESS			CITY		STATE	ZIP CODE	
DATE MOVE IN		DATE MOVE OUT	OWNER/AGENT NAME			OWNER/AGENT PHONE NO.	
SECOND PREVIOUS ADDRESS			CITY		STATE	ZIP CODE	
DATE MOVE IN		DATE MOVE OUT	OWNER/AGENT NAME			OWNER/AGENT PHONE NO.	

LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY THE UNIT

NAME	AGE	RELATIONSHIP
WILL YOU HAVE PETS? YES OR NO	DESCRIBE & PICTURE	WILL YOU HAVE LIQUID FILLED FURNITURE OR FISH TANK? YES OR NO

EMPLOYMENT INFORMATION

PRESENT EMPLOYER			PHONE NUMBER			
ADDRESS		CITY		STATE	ZIP CODE	
CURRENT GROSS INCOME (Check One)		LENGTH OF EMPLOYMENT		POSITION/TITLE		
\$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year						
PREVIOUS EMPLOYER			PHONE NUMBER			
ADDRESS		CITY		STATE	ZIP CODE	
CURRENT GROSS INCOME (Check One)		LENGTH OF EMPLOYMENT		POSITION/TITLE		
\$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year						



EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

FIANANCIAL INFORMATION

PLEASE LIST ALL OF YOUR FINANACIAL OBLIGATIONS BELOW

Name of your bank	Branch or Address	Account Number
		Checking
		Savings

Name of Creditor	Address	Phone number	Mo. Pymt Amt

Do you have a Section 8? YES OR NO Is the Section 8 Packet prepared and ready? YES OR NO**PERSONAL REFERENCES**

NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE
MONTHLY INCOME	LENGTH OF ACCUAINANCE	OCCUPATION	
NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE
MONTHLY INCOME	LENGTH OF ACCUAINANCE	OCCUPATION	

Automobile: Make: _____ Model: _____ Year _____ License # _____

Automobile: Make: _____ Model: _____ Year _____ License # _____

Other motor vehicles: _____

Have you ever filed bankruptcy? _____ How many years? _____

Have you ever been evicted or asked to move? _____ Why? _____

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

Applicant represents that all the above statements are true and correct and herby 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 from previous or subsequent Owners/Agents.

Owner will require a one time nonrefundable payment of \$25 per Applicant which is to be used to verify this Application with regards to credit history and other background information.

The undersigned makes an application to rent property located at _____ at market rent if \$ _____ per month and upon approval of this application agrees to sign lease agreement and to pay all sums due, including required security deposit of \$ _____, before occupancy.

Desirable Move in Date: _____

Applicant (signature required)_____
Date