



PROPERTY NAME _____
 APT.# _____ APT. TYPE _____
 TERMS _____
 RENT \$ _____ + \$ _____ INSP. CHG. _____
 SEC. DEP. (OAC) _____

REFERRED BY	
<input type="checkbox"/> DAILY NEWS	<input type="checkbox"/> TENANT/FRIEND
<input type="checkbox"/> RENTNET	<input type="checkbox"/> DRIVE BY/SIGNS
<input type="checkbox"/> RECYCLER	<input type="checkbox"/> TRANSFER
<input type="checkbox"/> APT. GUIDE	<input type="checkbox"/> ROOMMATE
<input type="checkbox"/> INTERNET	_____
<input type="checkbox"/> OTHER	_____

DATE REC. _____
 DATE APPROVED _____
 APPROVED BY _____
 NOTIFIED _____

ALL INFORMATION MUST BE FILLED OUT & PRINTED LEGIBLY IN BLACK INK
 Individual applications required from each occupant 18 years of age or older.

NO PETS ALLOWED

NAME _____ SOCIAL SECURITY# _____
FIRST M.I. LAST
 DOB _____ - - - EMAIL _____ CELL PHONE () _____
 Holding Deposit \$ _____ App. Fee \$ _____ Total Paid \$ _____ M.O. CHECK # _____ # _____
 Expected Move-In Date _____ Monthly Rent \$ _____ F U Furniture \$ _____ Storage Rental \$ _____ Unit# _____
MO. DAY
 Why are you vacating your residence? _____ Waterbed: Yes No Deposit \$ _____
 No of Occupants _____ Relationship _____ Parking Space(s) _____
OVER 18 UNDER 18
 CA Driver's License or ID# _____ Out of State Driver's License or ID# _____ State _____

FOR OFFICE USE ONLY / MANAGER VERIFIED ORIGINALS / CHECK BOXES

Soc. Sec. Card# Verified: Yes No Photo ID# Verified: Yes No Type of ID _____ Original Pay Stub / Taxes Original Bank Statements

ADDRESS (List 5 Years With No Breaks In Dates) Have you ever been evicted or asked to move? No Yes _____

Current _____ CITY STATE ZIP Your Phone () _____
 From _____ To _____ Rent _____ Owner/Mgr. _____ Phone () _____
MONTH / YEAR MONTH / YEAR CIRCLE ONE

Previous _____ CITY STATE ZIP
 From _____ To _____ Rent _____ Owner/Mgr. _____ Phone () _____
MONTH / YEAR MONTH / YEAR CIRCLE ONE

Next Prev. _____ CITY STATE ZIP
 From _____ To _____ Rent _____ Owner/Mgr. _____ Phone () _____
MONTH / YEAR MONTH / YEAR CIRCLE ONE

CURRENT OCCUPATION	Written verifiable proof of current income required	PRIOR OCCUPATION
Position _____	Monthly Gross Pay (BEFORE TAXES) _____	Position _____
Company _____		Monthly Gross Pay (BEFORE TAXES) _____
Starting Date _____	Direct Ph. () _____	Company _____
Address _____ CITY STATE Zip _____		Employed From _____ To _____
Supervisor _____ Phone () _____		Address _____ CITY STATE Zip _____
		Supervisor _____ Phone () _____

CREDIT REFERENCES (Credit Cards, Loans, etc.)

_____ Monthly Payment _____ Balance _____
 _____ Monthly Payment _____ Balance _____

BANK REFERENCES (copies of current bank statements required)

Branch Name _____ City _____ Branch Name _____ City _____
 Checking Account# _____ Amt: _____ Checking Account# _____ Amt: _____
 Savings/Investment Acct.# _____ Amt: _____ Savings/Investment Acct.# _____ Amt: _____

EMERGENCY CONTACTS: One Must Be Family

Name	Address	City	State	Phone	Relationship
1. _____	_____	_____	_____	() _____	_____
2. _____	_____	_____	_____	() _____	_____

PERSONAL REFERENCES: (MUST FILL OUT 2 EMERGENCY & 2 LOCAL)

Name	Address	City	State	Phone	Yrs. Known	Occupation
1. _____	_____	_____	_____	() _____	_____	_____
2. _____	_____	_____	_____	() _____	_____	_____

VEHICLE: Auto Truck Van Motorcycle

Make _____ Model _____ Color _____ Year _____ Car License Plate No. _____ State _____
 Make _____ Model _____ Color _____ Year _____ Car License Plate No. _____ State _____

Applicant represents that statements made above are true and correct and hereby authorizes verification of references and agrees to furnish additional credit references upon request.

Applicant agrees to pay \$ _____, representing the expenses incurred by Lessor in processing the Rental Application and Rental Agreement but not limited to credit checking, eviction history, and verification of information on the application and of Applicant(s) employment and/or school. Upon approval of application, Applicant agrees to sign Rental Agreement and pay all monies due before occupancy.

Applicant has three (3) days from date of application to request refund of deposit paid.

DO NOT sign until you are in the presence of a Carlo Inc. representative

DATE APPLIED: _____ APPLICANT: _____ Signature Required _____ Date _____
 MANAGER: _____ Signature _____ MANAGER'S PHONE NUMBER: () _____