

# APPLICATION TO RENT

Application Fee- \$25

Individual application required from each adult.

Be certain to provide daytime phone numbers where appropriate.

Return To: Shoreline Property Management Phone: 831-426-8013  
 1100 Water Street, Suite 1A Fax: 831-426-0836  
 Santa Cruz, CA 95062

Property Desired: \_\_\_\_\_ Move in Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
 Last First Middle

Birthdate: SS# DL# Exp. Date:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pets? YES/NO If Yes, How many? \_\_\_\_\_ Type/Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Smoker? YES/NO

| RENTAL HISTORY   |         |             |                     |                         |
|------------------|---------|-------------|---------------------|-------------------------|
| Present Address: |         | Dates       | \$ Per Month        | Notice Given?<br>YES/NO |
| Landlords Name   | Phone # | Alt Phone # | Reasons for Leaving |                         |
| Prior Address:   |         | Dates       | \$ Per Month        | Notice Given?<br>YES/NO |
| Landlords Name   | Phone # | Alt Phone # | Reasons for Leaving |                         |

| EMPLOYMENT HISTORY |            |           |          |        |
|--------------------|------------|-----------|----------|--------|
| Employer           | Address    |           | Phone    |        |
| Position           | Supervisor | How Long? | Hours/Wk | Salary |
| Former Employer    | Address    |           | Phone    |        |
| Position           | Supervisor | How Long? | Hours/Wk | Salary |

| OTHER INCOME                 |           |   |
|------------------------------|-----------|---|
| Additional Source of Income: | Amount    |   |
| Auto Make                    | License # | <b>Have you ever filed or petitioned for bankruptcy?</b> _____<br><b>Have you ever been evicted or asked to move?</b> _____<br><b>Have you ever been convicted of a felony?</b> _____ |
| Auto Make                    | License # |   |

**PROPOSED OCCUPANTS** (in addition to yourself)

1. \_\_\_\_\_  
 Name Age Relationship
2. \_\_\_\_\_  
 Name Age Relationship
3. \_\_\_\_\_  
 Name Age Relationship

| PERSONAL REFERENCES |         |       |             |
|---------------------|---------|-------|-------------|
| Name                | Address | Phone | Years Known |
| Name                | Address | Phone | Years Known |

EMERGENCY CONTACT: \_\_\_\_\_  
 Name Address Phone

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and references, including but not limited to a Credit Report.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_