## **Application to Rent**

Individual application required from each occupant 18 years of age or older, with all sections completed.

Last Name		First Name	Mi	ddle Name	Social Security Number/TIN		
Date of Birth		DL/Identification Number	Sta	te Exp. Date	Home Phone Number		
Cell Phone Number		Work Phone Number	Em	ail Address #1		Email Address #2	
Present Address		City		у	State	Zip	
Date In	Date Out	Owner/Manager Name			Owner/Man	ager Phone Number	
Monthly Rent		Reason for Moving					
Previous Address		City		State	Zip		
Date In	Date Out	Owner/Manager Name		Owner/Manager Phone Number			
Monthly Rent		Reason for Moving					
Prior Address		City		State	Zip		
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number		
Monthly Rent		Reason for Moving					
List All Proposed		Name		DOB	Name		DOB
Occupants in Addition to Yourself		Name		DOB	Name		DOB
Present Occupation			eek onth	Employer/Source of Income			
Dates of Employment?		Phone Number		Employer Address			
Name of your supervisor		Website		City State Zip			
Prior Occupation		-	eek onth	Employer/Source of Income			
Dates of Employment?		Phone Number		Employer Address			
Name of your supervisor		Website		City		State Zip	
Applicant represents that the statements above and on the reverse of this form are true and correct and hereby authorizes verification of items including, but not limited to the obtaining of tenancy and credit reports and agrees to furnish additional credit references or other information upon request. Applicant certifies under penalty of perjury that the foregoing is true and correct, and authorizes owner or his agents to obtain applicant's tenancy, credit and criminal history reports, and further authorizes owner and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that owner shall rely on the information provided herein, and that any material misstatement will at owner's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction. Applicant is applying for the premises located atUnit #							
City, State, Zip Owner/Manager							
Date Applicant							

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Account Number		Name of Your Bank Branch or Addres			ŝs		
Checking							
Savings							
Name of Creditor	Address	•	Phone Number		Mo. Pmt. Amt		
1.					\$		
2.					\$		
In case of emergency, notify			Relationship				
Address	City	y State	Zip Code	Phone Number			
Personal References				Phone Number			
1.							
Address		City	State	Zip			
2.				Phone Number			
Address		City	State	Zip			
3.				Phone Number			
Address		City	State	Zip			
Do you or any proposed occup	pant(s) smoke?	Describe					
Have you ever been party to a							
Liquid filled furniture? I							
Have you ever filed bankrupto	ey? Describe:						
Will you have animals? Describe:							
Have you ever been evicted or							
-							
Have you ever used other nam	es? If so, list						
Automobile:							
Make	Model	Year	License N	0	State		
Automobile:							
Make	Model	Year	License N	0	State		
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## Requirements

One application must be filled out by each person 18 years of age or older. Regardless of lack of income or credit (i.e. student) we must receive individual applications.

The applications must be completely filled out with all information for the last three (3) years of rental history and employments. Signature and date is needed to process your application.

Please include the following items with your completed application:

1).	Each applicant must provide a copy of Drivers License or government identification card.
2).	A copy of each applicant last two paycheck stubs or documents to show proof of income must be provided.
3).	There is a \$25.00 application fee per applicant, DO NOT send with application. This will be obtained when signing documents.
	Upon approval of your application the deposit and 1 <sup>st</sup> months rent is required to be in form of money order or cashiers check.

Any and all payments should be made payable to Wesley Kridle.

Normal process can take 2-3 working days, however if application is not completely filled out the approval or denial of an applicant could take longer.

Please return, or scan and email your application to:

Krentals Wesley Kridle PO Box 114 Yorba Linda, CA 92885 Office 714.693.7230 e-mail address: Wesley@kRentals.net Thank you.

## www.kRentals.net