

LAMPLIGHTERS SENIOR CITIZENS INN, LTD. #1

2055 Range Avenue, Santa Rosa, Ca 95401 Phone: 707-527-5444 FAX: 707-527-4055

RENTAL APPLICATION

APPLICANT #1

NAME: _____ TELEPHONE: _____ D.O.B. _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE: _____ STATE: _____

PRESENT ADDRESS:

(Street) _____ (City) _____ (State) _____ (Zip) _____

DATE IN: ___/___/___ DATE OUT: ___/___/___ MONTHLY RENT \$ _____

LANDLORD/MORTGAGER _____ PHONE: _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS:

(Street) _____ (City) _____ (State) _____ (Zip) _____

DATE IN: ___/___/___ DATE OUT: ___/___/___ MONTHLY RENT \$ _____

LANDLORD/MORTGAGER _____ PHONE: _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS:

(Street) _____ (City) _____ (State) _____ (Zip) _____

DATE IN: ___/___/___ DATE OUT: ___/___/___ MONTHLY RENT \$ _____

LANDLORD/MORTGAGER _____ PHONE: _____

REASON FOR MOVING: _____

RENTAL HISTORY: please circle answer

Have you ever been party to an eviction?	YES	NO	Convicted of a crime?	YES	NO
Filed Bankruptcy?	YES	NO	Do you have Water furniture?	YES	NO
Do you have Water furniture?	YES	NO	Do you have pets?	YES	NO
Do you smoke?	YES	NO			

If yes to any of these questions, give details on back.

GENERAL CREDIT INFORMATION:

APPLICANT #1:

EMPLOYER: _____ MONTHLY INCOME: _____

ADDRESS _____ PHONE: _____

OTHER INCOME SOURCE: _____ MONTHLY INCOME: _____

BANK/BRANCH: _____ CHECKING #: _____ SAVINGS #: _____

CREDIT REF 1: _____ PHONE: _____ BAL. DUE: _____

CREDIT REF 2: _____ PHONE: _____ BAL. DUE: _____

AUTOMOBILE: _____ LICENSE PLATE: _____

APPLICANT #1 NAME: _____

PERSONAL REFERENCES:

NAME: _____ ADDRESS: _____ PHONE: _____

RELATIONSHIP: _____ HOW LONG KNOWN: _____

NAME: _____ ADDRESS: _____ PHONE: _____

RELATIONSHIP: _____ HOW LONG KNOWN: _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ ADDRESS: _____

RELATIONSHIP: _____ PHONE: _____

DO YOU HAVE MEDICALERT? _____

WOULD YOU LIKE TO DO VOLUNTEER WORK AT LAMPLIGHTERS? _____

APPLICANT #2 NAME: _____ **RELATIONSHIP:** _____ **D.O.B.** _____

SOCIAL SECURITY #: _____ **DRIVER'S LICENSE:** _____ **STATE:** _____

APPLICANT #2:

EMPLOYER: _____ **MONTHLY INCOME:** _____

ADDRESS _____ **PHONE:** _____

OTHER INCOME SOURCE: _____ **MONTHLY INCOME:** _____

AUTOMOBILE: _____ **LICENSE PLATE:** _____

BANK/BRANCH: _____ **CHECKING #:** _____ **SAVINGS #:** _____

CREDIT REF 1: _____ **PHONE:** _____ **BAL. DUE:** _____

CREDIT REF 2: _____ **PHONE:** _____ **BAL. DUE:** _____

I/We declare that all information in this application is true and correct. I/We authorize Lamplighters Senior Citizens Inn, Ltd. #1 to verify any and all references and to obtain a copy of my credit report. Consent to the use of the above information was voluntary, known and given with no restrictions.

APPLICANT #1: _____ **DATE:** _____

APPLICANT #2: _____ **DATE:** _____

ADDITIONAL DETAILS:

A photo I.D. and non-refundable \$20.00 fee for background check is payable in cash to Lamplighters Senior Citizens Inn, Ltd. #1, with application.

INITIAL HERE : _____