

CALIFORNIA RENTAL APPLICATION

TENANTS: Thank you for completing this rental application in advance (copy or print it as many times as you may need). If a landlord requires you to use their form you will have all the necessary information at hand saving you time or the need to submit your application later.

Address of Rental Un	t Tenant is Applying For: _					
PERSONAL	INFORMATION	:				
First Name:		M.I.:	Last Name:			
		Alternate Phone #:		Best Time to Ca	l:	
E-Mail Address:						
		Stat	te Issued:		Expires:	
RENTAL H	STORY:					
Please list the past th	ree addresses or past five yea	rs. Attach add'l pages if needed.				
					Ctata	7in.
		Manager/Owner's Name				
_						
					Stato:	7in·
		Manager/Owner's Name				
Please list for the past	ENT HISTORY: five years, attach additiona	pages if needed.				
	company):					
Your Position:						
Your Position:	Supervisor's Name: _					
Your Position: How Long: Phone#:	Supervisor's Name: _					
Your Position: How Long: Phone#: Street Address:	Supervisor's Name: _					
Your Position: How Long: Phone#: Street Address: City:	Supervisor's Name: _					
Your Position: How Long: Phone#: Street Address: City:	Supervisor's Name: _					
Your Position: How Long: Phone#: Street Address: City: Previous Employer Your Position:	Supervisor's Name: _					
Your Position: How Long: Phone#: Street Address: City: Previous Employer Your Position: How Long:	Supervisor's Name: _ (company): Supervisor's Name: _					
Your Position: How Long: Phone#: Street Address: City: Previous Employer Your Position: How Long: Phone #:	Supervisor's Name: (company): Supervisor's Name: _					
Your Position: How Long: Phone#: Street Address: City: Previous Employer Your Position: How Long: Phone #: Street Address:	Supervisor's Name: (company): Supervisor's Name: _		-103103103103-		State:	
Your Position: How Long: Phone#: Street Address: City: Previous Employer Your Position: How Long: Phone #: Street Address: City:	Supervisor's Name: _ (company): Supervisor's Name: _				State:	Zip:
Your Position: How Long: Phone#: Street Address: City: Previous Employer Your Position: How Long: Phone #: Street Address: City: Previous Employer	Supervisor's Name: _ (company): Supervisor's Name: _				State:	Zip:
Your Position: How Long: Phone#: Street Address: City: Previous Employer Your Position: How Long: Phone #: Street Address: City: Previous Employer Your Position:	Supervisor's Name: (company): Supervisor's Name: (company):				State:	Zip:
Your Position: How Long: Phone#: Street Address: City: Previous Employer Your Position: How Long: Phone #: Street Address: City: Previous Employer Your Position: How Long:	Supervisor's Name: _ (company): Supervisor's Name: _ (company):				State:	Zip:
Your Position: How Long: Phone#: Street Address: City: Previous Employer Your Position: How Long: Phone #: Street Address: City: Previous Employer Your Position: How Long: Phone #:	Supervisor's Name: _ (company): Supervisor's Name: _ (company):				State:	Zip: