



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 \_\_\_\_\_ Your Phone (\_\_\_\_) \_\_\_\_\_  
CITY STATE ZIP  
 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
(Minimum 3 Years)		
Position _____	Monthly Gross Pay _____ <small>(BEFORE TAXES)</small>	Position _____ Monthly Gross Pay _____ <small>(BEFORE TAXES)</small>
Company _____		Company _____
Starting Date _____	Direct Ph. (____) _____	Employed From _____ To _____
Address _____ <small>CITY STATE Zip</small>		Address _____ <small>CITY STATE Zip</small>
Supervisor _____ Phone (____) _____		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: (\_\_\_\_) \_\_\_\_\_