



APPLICATION COVER LETTER

Thank you for choosing SAN MAR Properties, Inc. for your rental housing needs. To help us start processing the application for your new home, it is very important to complete or bring all the documents checked below:

PROOF OF INCOME

- _____ Pay check stub(s) – covering most recent 90-day period
- _____ Self-employed – Last 2 years Proof of Income or (1099) income statements
- _____ Last 3 months bank statements (from all sources of additional funds)
- _____ Copy of school grant/scholarship if applicant is a student
- _____ Award Letter
- _____ Social Security Card / ITIN
- _____ Driver’s License/Valid Picture ID
- _____ Government Issued ID
- _____ \$30 Non-refundable application fee; \$20 for an additional applicant
- _____ Proof of current address
- _____ 3rd Party Translator
- _____ Contract to Secure

Additional information:

Please fill out your application **completely** including all addresses for the last 3 years and all owner/landlord phone numbers (use additional sheet of paper, if necessary).

6356 N. Fresno St. Fresno, California 93710-5212
(559) 439-5500 Fax (559) 439-1018

PMF 04B
REV 04/2013





RENTAL APPLICATION

Co-Applicants with different Rental History - use a separate application for each applicant.

“As required by law, you are hereby notified that a positive or negative credit report reflecting information on your credit record may be submitted to a credit reporting agency or to a recognized law enforcement agent if you fail to fulfill the terms of your credit obligations”.

In order to process your application to live in one of our rental communities, we will need you to provide us with all the information requested below. Incomplete information will only delay the processing of your APPLICATION.

PLEASE PRINT CLEARLY.

Move-In Date: _____

Property: _____ First Contact Date: _____

Apt # / Unit Type: _____

PROPOSED OCCUPANTS

HEAD OF HOUSEHOLD:

FIRST NAME _____ MIDDLE _____ LAST _____

D.O.B. _____ SOCIAL SEC or ITIN # _____ PHOTOID/TYPE _____ NUMBER _____

ISSUING GOV'T. _____ EXP. DATE _____ OTHER ID _____

HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____

EMAIL ADDRESSES _____

CO-APPLICANT:

FIRST NAME: _____ MIDDLE _____ LAST _____

D.O.B. _____ SOCIAL SEC or ITIN # _____ PHOTOID/TYPE _____ NUMBER _____

ISSUING GOV'T. _____ EXP. DATE _____ OTHER ID _____

HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____

EMAIL ADDRESS _____

HOUSEHOLD INFORMATION

Complete the information for EACH household member (other than Head and Co-Applicant above) including members under the age of 18 who will occupy the unit:

NAME (INCLUDING ALL CHILDREN UNDER 18)	Relationship	Social Security Number	Date of Birth

RENTAL HISTORY

CURRENT ADDRESS

NUMBER STREET APT. # CITY STATE ZIP

FROM TO AMT RENT PAID? REASON FOR LEAVING: _____

APT COMPLEX OWNER/MGR PHONE # _____

MORTGAGE CO. (If owned home) _____

NAME ADDRESS PHONE #

PREVIOUS ADDRESS

NUMBER STREET APT. # CITY STATE ZIP

FROM TO AMT RENT PAID? REASON FOR LEAVING: _____

APT COMPLEX OWNER/MGR PHONE # _____

MORTGAGE CO. (If owned home) _____

NAME ADDRESS PHONE #

PREVIOUS ADDRESS

NUMBER STREET APT. # CITY STATE ZIP

FROM TO AMT RENT PAID? REASON FOR LEAVING: _____

APT COMPLEX OWNER/MGR PHONE # _____

MORTGAGE CO. (If owned home) _____

NAME ADDRESS PHONE #

EMPLOYMENT/SOURCE

OF INCOME

HEAD OF HOUSEHOLD

CURRENT EMPLOYER _____ ADDRESS _____

GROSS MONTHLY SALARY \$ _____ POSITION _____ HOW LONG? _____ YRS _____ MOS _____

SUPERVISOR _____ BUSINESS PHONE () _____

CURRENT OTHER INCOME _____ AMOUNT \$ _____

HEAD OF HOUSEHOLD

PREVIOUS EMPLOYER _____ ADDRESS _____

GROSS MONTHLY SALARY \$ _____ POSITION _____ HOW LONG ____ YRS. ____ MOS

SUPERVISOR _____ BUSINESS PHONE () _____

CO-APPLICANT EMPLOYER _____ ADDRESS _____

GROSS MONTHLY SALARY \$ _____ POSITION _____ FROM _____ TO _____

SUPERVISOR _____ BUSINESS PHONE () _____

PREVIOUS EMPLOYER _____ ADDRESS _____

GROSS MONTHLY SALARY \$ _____ POSITION _____ FROM _____ TO _____

SUPERVISOR _____ BUSINESS PHONE () _____

OTHER FAMILY MEMBER

EMPLOYER _____ ADDRESS _____

GROSS MONTHLY SALARY \$ _____ POSITION _____ FROM _____ TO _____

SUPERVISOR _____ BUSINESS PHONE () _____

PREVIOUS EMPLOYER _____ ADDRESS _____

GROSS MONTHLY SALARY \$ _____ POSITION _____ FROM _____ TO _____

SUPERVISOR _____ BUSINESS PHONE () _____

BANKING INFORMATION

CHECKING ACCOUNT _____
BANK NAME BRANCH CITY PHONE ACCOUNT NO.

SAVINGS ACCOUNT _____
BANK NAME BRANCH CITY PHONE ACCOUNT NO.

REFERENCES

FAMILY _____
FULL NAME NUMBER STREET
CITY STATE RELATIONSHIP PHONE

MISCELLANEOUS INFORMATION

PETS _____ WATER-FILLED FURNITURE _____
DESCRIPTION DESCRIPTION

EMERGENCY CONTACT _____
FULL NAME RELATIONSHIP PHONE

AUTOMOBILES/MOTORCYCLES TO BE PARKED ON PREMISES:

MAKE	MODEL	COLOR	YR	LICENSE #	STATE	MAKE	MODEL	COLOR	YR	LICENSE #	STATE
MAKE	MODEL	COLOR	YR	LICENSE #	STATE	MAKE	MODEL	COLOR	YR	LICENSE #	STATE

Have you ever been delinquent in payment of your rent or any other financial obligation? Yes or No? If yes please explain: _____

Have you ever been a defendant in an unlawful detainer (EVICTION) lawsuit or defaulted (failed to perform) any obligation of a Rental Agreement or Lease? YES NO
If yes, please explain _____

By signature below applicant(s) hereby authorize verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish SAN MAR Properties Inc., or its agent to disclose tenancy information to previous or subsequent owners/managers.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____



FAX

Please Fax Form To: _____

To:		From:	
Fax:		Date:	
Phone:		Pages:	
Re:		CC:	

Urgent
 For Review
 Please Comment
 As Requested
 Please Reply

APPLICANT VERIFICATION

LANDLORD INFORMATION	CURRENT	PRIOR
	Verified by: _____ Date: _____	Verified by: _____ Date: _____
1. Name of the person contacted?		
2. Title/Position of person?		
3. What is the address of the property?		
4. Current Rent Amount?		
5. Occupied from _____ to _____		
6. Rent paid on time? If late, how often?		
7. Any 3/30-Day notices served? If so, why?		
8. Has the resident given 30-Day notice?		
9. Any behavior problems with resident?		
10. Any maintenance problems caused by resident, resident's family or guests?		
11. Would you rent to this person again? Why not?		

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____



FAX

Please Fax Form To: _____

To:		From:	
Fax:		Date:	
Phone:		Pages:	
Re:		CC:	

Urgent For Review Please Comment As Requested Please Reply

EMPLOYMENT VERIFICATION FORM

Recently, your organization was named as either a current or previous employer for one of our prospective tenants. We are currently in the screening/ verification process and must confirm all information given on our rental applications. We would appreciate it if you could take a few moments to verify the information given to us.

Please Note: You will only need to answer a few short questions and simply verify data already provided to us. Any information we gathered during the screening process will be used for the sole purpose of screening applicants and verification of prospective applicants' information.

Employer Information:

1. Name(s) of Employer : _____
2. Name and title of person contacted (the person filling out this form): _____

Employee Information:

3. Employee Name: _____
4. Employed from: _____ to _____
5. Was this seasonal or temporary employment?: **YES** or **NO** (circle one)
6. Current position: _____
7. Salary (hr. wk. mo. yr): _____
8. Total monthly income: _____

Signature of Person filling out form: _____

Notes: _____

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____