

Pacific West Management Rental Application

Riverstone Village
311 Sandy Lane #D
Suisun City, CA 94585
Ph: (707) 428-1222 Fax: (707) 422-4037

Apt # _____ Move In Date _____ Lease Term _____ Rent Amount \$ _____

PERSONAL INFORMATION

NAME: _____ SSN: _____

BIRTHDATE: _____ D/L#: _____ STATE: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

CURRENT LANDLORD NAME: _____ PHONE#: _____

CURRENT RENT: \$ _____ MOVE IN DATE: _____ MOVE OUT DATE: _____

REASON FOR MOVING: _____

PLEASE LIST ANY ADDITIONAL PERSONS WHO WILL BE OCCUPYING THE APARTMENT WITH YOU

	NAME	DATE OF BIRTH	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

IF YOU HAVE PETS, PLEASE PROVIDE THE FOLLOWING INFORMATION

	NAME	AGE	TYPE OF PET	COLOR DESCRIPTION	CURRENT WEIGHT	MAX WEIGHT
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

PLEASE LIST ALL AUTOMOBILES FOR ALL RESIDENTS

	YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #	STATE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

PAST RESIDENCY

HAVE YOU EVER BEEN EVICTED? _____ IF YES, EXPLAIN _____

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP

PREVIOUS LANDLORD NAME: _____ PHONE: _____

PREVIOUS RENT: \$ _____ MOVE IN DATE: _____ MOVE OUT DATE: _____

REASON FOR MOVING: _____

EMPLOYMENT

CURRENT EMPLOYER: _____ PHONE#: _____

ADDRESS: _____
STREET CITY STATE ZIP

FROM: _____ TO: _____ JOB TITLE: _____ GROSS MONTHLY INCOME: \$ _____

PREVIOUS EMPLOYER: _____ PHONE #: _____

ADDRESS: _____
STREET CITY STATE ZIP

FROM: _____ TO: _____ JOB TITLE: _____ GROSS MONTHLY INCOME: \$ _____

PERSONAL REFERENCES

NAME: _____ RELATIONSHIP: _____ PHONE#: _____

NAME: _____ RELATIONSHIP: _____ PHONE#: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____ PHONE#: _____

ALTERNATIVE PHONE #: _____

The applicant hereby represents that the above statements are true, and are made to induce the Landlord to rent him an apartment and the Landlord is authorized to investigate said statements. Any false statements made above shall be sufficient cause for Landlord to cancel and terminate any agreement made with the applicant. Owner or agent has the right to reject this application and return the deposit, less \$ _____ for processing fee, within twenty one days from date of application. If applicant withdraws application, or fails to execute and agreement upon request of the Landlord, the deposit will be retained by Landlord as liquidated damages. Owner or Agent will request credit check, verify employment and obtain rental history prior to management reviewing file for approval.

APPLICANT SIGNATURE

DATE

AGENT/OWNER SIGNATURE