APPLICATION TO RENT

- ► Individual applications are required from each occupant that is 18 years of age or older.
- ► All sections of this form must be completed.
- ► Return the completed form by fax, deliver it to the Resident Manager or our main office, or submit it to our listing agent Carmen.

R J&R Associates

Phone: 510.547.8916 Fax: 510.547.8917



www.jras.com

Email: info@iras.com



364 41st Street Oakland, CA 94609

Ap	plicant Cont	act	Informa	tion	, Id	enti	fication	& A	dditional O	ccu	pant	S
First Name			M	Middle Name			Last Name					
List Ot	her Names You Have U	Ised Ov	er The Last 10 \	/ears								
Cell Phone Number 1 Cell Phone Number		one Number 2	2 Home Phone Num		Number	Other	other Phone Number(s)					
Work f	Phone Number(s)				Email Address(es)							
Date C	of Birth		Social Security	Numbe	r	Driver L	icense Number		Driver License State		Licens	e Expiration Date
List Ot	her ID Type(s) and Nun	nber(s)										
1	Current Street Addres	S					City				State	Zip Code
	Date In Date Out			Owner/Manager Name		Owner/Manager Number						
	Reason For Moving											
2	Previous Street Address		City		City				State	Zip Code		
	Date In	Date Out		Owner/Manager Name		ne	Own		ner/Manager Number			
	Reason For Moving											
Name Of First Additional Proposed Occupant Name Of Second Additional Proposed Occupant												
List Na	mes Of All Additional	Occupai	nts									

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Γ									
Employment									
Current Gross Income Select Time Frame									
\$	\$ () Per Week () Per Month () Per Year								
Are	e You A Member Of The Armed Forces? This Includes The National Guard And	Reserves.							
(() No () Yes								
1	Name Of Current Employer Or Source Of Income Job Title Or Duties								
_	How Long Have You Been At This Job? Supervisor Name Supervisor	Supervisor Phone Number							
	Current Employer Street Address City	State	Zip Code						
2	Name Of Previous Employer Or Source Of Income Job Title Or Duties								
		sor Phone Number							
	Previous Employer Street Address City	State	Zip Code						
Cro	adit								
Credit									
Name Of Your Bank									
Street	Street Address Of The Branch You Typically Use City State Zip Code								

Posessions & Pets								
1	Automobile Brand	Automobile Model	Automobile Year	License Plate Number				
2	Automobile Brand	Automobile Model	Automobile Year	License Plate Number				
List Any Other Motor Vehicles								
List And Describe All Pets								
List And Describe Any Liquid Filled Furniture								

Emergency Contacts							
1	Name Of Emergency Contact	Relationship	Phone Numb	er Of Cont	act		
	Street Address Of Emergency Contact (ity		State	Zip Code		
2	Name Of Emergency Contact	Relationship	Phone Numb	er Of Cont	act		
	Street Address Of Emergency Contact	lity		State	Zip Code		

Personal References								
1	Name Of Personal Reference	Length Of Acquaintance	Occupation	Phone Number	er Refere	nce		
	Street Address Of Personal Reference	City		·	State	Zip Code		
2	Name Of Personal Reference	Length Of Acquaintance Occupation Phone Number		er Refere	nce			
	Street Address Of Personal Reference	City			State	Zip Code		

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Background								
Have You Ever Filed For Bankruptcy?								
() No () Yes								
Have You Ever Been Evicted Or Asked To Move?	Have You Ever Been Evicted Or Asked To Move?							
() No () Yes								
Have You Ever Been Convicted For Selling, Distributing	g Or Manufa	acturing Illegal Drugs?						
() No () Yes								
Agreement								
Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow owner/manager to disclose tenancy information to previous or subsequent owners/managers.								
Owner will require a payment of \$25.00 for the first applicant and \$10.00 for each additional applicant. This will be used to screen applicants with regards to credit history and other background information. The amount charged represents the actual cost of the credit report, unlawful detainer (eviction) search and/or other screen reports.								
Rental Application Is For This Apartment								
Apartment Located At This Street Address	Unit Number	City	State	Zip Code				
Upon approval of this application and before occupant agreement and to pay all sums due, including the requirement \$, , ,	3	rental o	r lease				
Monthly Rent Amount \$								
Today's Date:								
Signed (your name):								

Print, fill out and return the completed form by fax, deliver it to the Resident Manager, or our main office. To deliver this form over the Internet: 1) Fill it out on your computer or other device. 2) Save the completed PDF form. 3) Open an Email to <u>Carmen</u> by clicking her name. 4) Attach your saved form to that Email and press send.

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