



INVESTMENT • MANAGEMENT • DEVELOPMENT

RENTAL APPLICATION

HOW DID YOU HEAR ABOUT US? _____

If by a locator please provide name: _____

Unit type desired: _____

The undersigned hereby makes application to rent a bedroom located at Capri Apartments in Goleta, CA, beginning on the _____ day of _____, _____, at monthly rental of \$ _____.

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ PHONE () _____

Date of Birth _____ Social Security No. _____

PLEASE GIVE YOUR CURRENT ADDRESS AND PARENT/GUARANTOR INFORMATION

CURRENT ADDRESS _____ City _____ State _____ Zip _____

Month & Year Moved In _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____

Guarantor/Parents Full Name _____

PERMANENT (PARENTS) ADDRESS _____ City _____ State _____ Zip _____

Telephone () _____ Email _____

Relationship _____ Date of Birth _____ SS# _____

Owner or Agent _____ Phone () _____

PLEASE GIVE YOUR STUDENT INFORMATION

ENROLLMENT STATUS: Freshman Sophomore Junior Senior Graduate Other

HIGH SCHOOL: Name _____ City _____ State _____

EMPLOYER Current (If Applicable) Previous _____

Date(s) Employed _____ Employed as _____

Supervisor _____ Supervisor's Phone () _____

Address _____

Salary \$ _____ per _____ if employed by above less than 6 months, give name and address of Previous Employer or School _____.

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we can contact for confirmation. You do NOT have to reveal alimony, child support or spouse's income unless you want us to consider it in this application.

Amount \$ _____ Source _____ Phone () _____

VEHICLE INFORMATION

YOUR DRIVER'S LICENSE NUMBER _____ STATE _____

YOUR VEHICLE MAKE/MODEL _____ YEAR _____ PLATE NO. _____

OTHER VEHICLES _____

HAVE YOU EVER:	Filed for bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Been evicted from tenancy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Willfully or intentionally refused to pay rent when due?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

EMERGENCY INFORMATION

If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.)

Name _____ Phone _____

Important medical information in emergency _____

APPLICANT HEREBY AGREES AS FOLLOWS

Applicant understands that there is a **NON-REFUNDABLE Application Fee** in the amount of \$49, said amount hereby tendered by Applicant at time of application, **payable to the property**. The Applicant understands that there is a **NON-REFUNDABLE Resident Administrative Fee** in the amount of \$0, said amount hereby tendered by Applicant at time of move-in, **payable to Capri Apartments**. Applicant also understands that there is a **NON-REFUNDABLE Reservation Fee** in the amount of \$200, said amount hereby tendered by Applicant at time of application, **payable to Capri Apartments**.

Applicant hereby deposits \$350, the "Application Deposit", as an inducement for Landlord to reserve the assigned apartment unit, subject to the Landlord verifying the information provided and approving this application. The Applicant warrants that the information provided herein is true.

If Applicant does not cancel this application with 48 hours, then:

- I. If application is not approved by Landlord the Application Deposit shall be refunded in full.
- II. If application is approved by Landlord:
 - A. All lease documents, including Guaranty (if applicable), shall be executed within five (5) days of said approval, or Landlord may cancel this application and retain the full Application Deposit.
 - B. Upon the receipt by Landlord of the fully executed Lease Agreement, including all exhibits and Guaranty (if applicable), the Application Deposit shall serve as a Security Deposit of the Lease Agreement.

I, THE UNDERSIGNED APPLICANT, HAVE READ AND AGREE TO ALL PROVISIONS OF THIS APPLICATION. I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS A PART OF MY LEASE AGREEMENT. I HEREBY AUTHORIZE THE MANAGEMENT TO MAKE ANY NECESSARY INVESTIGATION AS TO THE INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THIS INVESTIGATION MAY INCLUDE, BUT NOT BE LIMITED TO, A CREDIT REPORT, VERIFICATION OF EMPLOYMENT, PAST RENTAL HISTORY, AND CRIMINAL SEARCH. I THEREFORE, CONSENT TO THIS INVESTIGATION, AND I CERTIFY THAT ALL STATED FACTS ARE TRUE, AND IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION MAY BE CAUSE FOR THE LANDLORD AND/OR AGENTS TO REJECT THIS APPLICATION AND/OR TERMINATE THIS LEASE. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THIS REPORT. I AUTHORIZE THE MANAGEMENT TO EXAMINE MY CRIMINAL RECORDS AND USE THE INFORMATION AS AN ADDITIONAL BASIS TO DETERMINE WHETHER THIS APPLICATION SHALL BE APPROVED OR DISAPPROVED.

APPLICANT'S SIGNATURE _____ DATE _____

LANDLORD'S REPRESENTATIVE _____ DATE _____