

RENTAL APPLICATION

AGGIE GARDEN APARTMENTS

Ph: 530-753-3629
Fax: 530-746-2064
Email: aggie_garden@yahoo.com

Anticipated move date of _____ at a monthly rent of \$ _____ and security deposit of \$ _____.

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone: _____
Date of Birth (mm/dd/yy) _____ Social Security #: _____
Email Address: _____ (optional) Other Phone _____
Name, relationship and age of every person to live with you: _____
Any Pets _____ How did you hear about us? _____

***We do not allow smoking in the apartments and common areas. We are a non-smoking facility.

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ City _____ State _____ Zip _____
Month/Year Moved In _____ Reasons for Leaving: _____ Rent \$ _____
Owner/Agent _____ Phone _____
Previous Address _____ Rent \$ _____
Owner/Agent _____ Phone _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Present occupation: _____ Employer: _____
Phone: _____
Previous occupation: _____ Employer: _____
Phone: _____

PLEASE LIST YOUR REFERENCES

Personal Reference or Emergency Contact:

Name _____ Address _____
Phone _____ Relationship _____

Driver's License:

Your Driver's License Number: _____ State: _____

Vehicle Information:

Make / Model: _____ Year: _____ License Plate (State): _____

The above information, to the best of my knowledge, is true and correct. I hereby authorize verification of references given and a credit check.

Please sign: X _____
Name of Applicant Date