



River City Real Estate

Rental Application

Please fill out this form **COMPLETELY** and sign where indicated.

Larry Gonzi
 Broker
 P.O. Box 514
 Citrus Heights, CA 95611
 E-mail: gonzi.larry@gmail.com
 Office: (916) 549.6673
 Fax: (916) 338.1722
 www.rivercityestates.net

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#	-	-
DATE OF BIRTH / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____		DRIVERS LICENSE #	STATE	
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT.	<input type="checkbox"/> HOME <input type="checkbox"/> WORK		EMAIL	
PRESENT HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PRESENT LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PREVIOUS LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	NEXT PREVIOUS LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO



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CREDIT CARD / FINANCIAL INFORMATION

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER		

EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE - - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE - - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP

APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X _____
 APPLICANT SIGNATURE DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

NOTES:
