

RENTAL APPLICATION

Property Address: _____ Date You Wish To Move In: _____

APPLICANT _____

CO-APPLICANT _____

NAME: _____ **NAME:** _____

Social Security No: _____ **Driver License No:** _____ **SSN:** _____ **DL#:** _____

Name and ages of other occupants, including children: _____

Pets (number and kind): _____

Present Address: _____ **Present Address:** _____

Telephone No: _____ **Length of Stay:** _____ **Telephone:** _____ **Length of Stay:** _____

Reason For Leaving: _____ **Reason for Leaving:** _____

Owner or Agent: _____ **Telephone:** _____ **Owner/Agent:** _____ **Telephone:** _____

Previous Address: _____

Length of Stay: _____ Reason for Leaving: _____
Owner/Agent _____ Telephone: _____

Have either of you willingly and intentionally refused to pay rent when due or been evicted or ever filled for bankruptcy?

Present Employer: _____ **How Long:** _____ **Present Employer:** _____

Employer Address: _____ **Telephone:** _____ **Employer Address:** _____

Occupation: _____ **Salary:** _____ **Per:** _____ **Occupation:** _____ **Salary:** _____ **Pr:** _____

Previous Employer: _____ How Long: _____ Previous Employer: _____ Length: _____

Employer Address: _____ Telephone: _____ Employer Address: _____

Occupation: _____ Salary: _____ Per: _____
Telephone: _____ Salary: _____

Other Income: _____ **Per:** _____ **Source:** _____ **Other Income:** _____ **Source:** _____

Credit Reference: _____

Bank Reference: _____ Type and Account No: _____

Automobile Make, Model, & Year: _____ License No: _____

Automobile Make, Model, & Year: _____ License No: _____

Personal Reference: Please provide 2 references

(Name, Relationship, Address, & Tel) (Name, Relationship, Address, & Tel)

In Case Of Emergency, Notify: _____

TERMS:

- We request first month rent and security deposit.
- \$20.00 per person is required to obtain credit and report and is non refundable and does not guarantee approval nor tenancy.

Applicant represents statements above made are true and correct and hereby authorize verification of information and references including but not limited to the obtaining credit report, and agrees to furnish additional credit references on request.

Signature Date

Signature Date

FAX this completed application to Coastal Pacific, LLC at (805) 643-6458 or e-mail to: pacific209@hotmail.com or mail to 209 South Santa Cruz Street Ventura, CA 93001; Voice telephone Number is (805) 643-6458