

**D & G**  
**EQUITY MANAGEMENT**

Property Management and Maintenance  
14080 Mill St./ P.O. Box 418 Guerneville, CA 95446  
(707) 869-0623 / (707) 869-0620 / FAX (707) 869-1739

[www.dandgequity.com](http://www.dandgequity.com)

**CONSUMER HISTORY APPLICATION & RECEIPT FOR ADVANCE COSTS**

Account # \_\_\_\_\_ Property applying for: \_\_\_\_\_

Type of credit report:  Married  Individual  Co-Applicants/ Co-Applicants **Must Use Separate Applications if Not Married.** Received from applicant(s) the sum of: \_\_\_\_\_ dollars to pay for cost the Owner/Agent will incur for a complete consumer history report on applicant(s) from TSC Inc. This advance cost is non-refundable and is not a deposit.

**\*Cash, credit card or money order only, no personal checks will be accepted.**

**Applications Fees are subject to change without Notice**

**PLEASE HAVE EXACT CHANGE**

**Application must be filled out completely before processing**

Applicant #1 \_\_\_\_\_  
*(Last Name) (First Name) (Middle Name) (Sr, Jr, etc.)*

Any other names used? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ Identification # \_\_\_\_\_ State \_\_\_\_\_

Spouse: \_\_\_\_\_  
*(Last Name) (First Name) (Middle Name) (Sr, Jr, etc.)*

Any other names used? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ Identification # \_\_\_\_\_ State \_\_\_\_\_

Child #1 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Child #2 \_\_\_\_\_ D.O.B. \_\_\_\_\_  
*(Name) (Name)*

**Rental History:** Have you ever been party to an eviction?  Yes  No Filed Bankruptcy?  Yes What Year? \_\_\_\_\_  No  
Pets?  Yes Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ How many? \_\_\_\_\_  No Convicted of a crime?  Yes  No  
Do you have water furniture (*ex: water beds, aquariums, etc.*)?  Yes What Type? \_\_\_\_\_  No Do you have Renter's Insurance?  Yes  No

If "yes" to any of the above questions, please give additional details: \_\_\_\_\_

Present Address: \_\_\_\_\_  
{\*Physical address only} *(Street Address, City, State, Zip Code)*

Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_ Monthly Rent\$ \_\_\_\_\_

Res. Phone: \_\_\_\_\_

Landlord/Agent/Owner \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

**\*Note a relative or friend is not considered a rental reference**

Type of Residence:  Home  Apartment  Room  Condo Do you own the home?  Yes  No

Reason for moving: \_\_\_\_\_ Moving Date: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
{\*Physical address only} *(Street Address, City, State, Zip Code)*

Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_ Monthly Rent\$ \_\_\_\_\_

Res. Phone: \_\_\_\_\_

Landlord/Agent/Owner \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

**\*Note a relative or friend is not considered a rental reference**

Type of Residence:  Home  Apartment  Room  Condo Do you own the home?  Yes  No

Reason for moving: \_\_\_\_\_ Moving Date: \_\_\_\_\_

Account # \_\_\_\_\_ Property applying for: \_\_\_\_\_

Applicant #1 Employer: \_\_\_\_\_  
(Company Name) (Address) (City) (State)

Hire Date: \_\_\_\_\_ Currently there?  Yes  No Supervisor's Name: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_  
Work Phone #: ( ) \_\_\_\_\_ Your Position: \_\_\_\_\_

Wages: \$ \_\_\_\_\_ Hour/Week/Month Full time  Part time  Union: \_\_\_\_\_ Union Phone #: ( ) \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_ Phone ( ) \_\_\_\_\_

If self employed, legal name of business and or License No. \_\_\_\_\_ Independent Contractor?  Yes  No  
If answer is "yes" to the above questions, please be prepared to provide supporting documents of income: 1099's, current tax returns,  
or last 3 months of current bank statements.

Spouse/Co- Tenant Employer: \_\_\_\_\_  
(Name) (Address) (City) (State)

Hire Date: \_\_\_\_\_ Currently there?  Yes  No Supervisor's Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_ Your Position: \_\_\_\_\_

Wages: \$ \_\_\_\_\_ Hour/Week/Month Full time  Part time  Union: \_\_\_\_\_ Union Phone #: ( ) \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_ Phone ( ) \_\_\_\_\_

If self employed, legal name of business and or License No. \_\_\_\_\_ Independent Contractor?  Yes  No  
If answer is "yes" to the above questions, please be prepared to provide supporting documents of income: 1099's, current tax returns,  
or last 3 months of current bank statements.

Additional Income Source:  Savings  Trust  SSI  Disability  General Assistance  Section 8 Housing  Other: \_\_\_\_\_

Amount \$ \_\_\_\_\_  Week  Month  Year Recipient(s): \_\_\_\_\_

**General Credit Information:**

Automobile 1: \_\_\_\_\_ Lender: \_\_\_\_\_  
(Make) (Year) (Model) (License No./State)

Automobile 2: \_\_\_\_\_ Lender: \_\_\_\_\_  
(Make) (Year) (Model) (License No./State)

Bank 1: \_\_\_\_\_ Branch: \_\_\_\_\_ Checking Acct # \_\_\_\_\_ Savings Acct # \_\_\_\_\_

Credit Card Lender 1: \_\_\_\_\_ Balance due \$ \_\_\_\_\_  
(Name)

Credit Card Lender 2: \_\_\_\_\_ Balance due \$ \_\_\_\_\_  
(Name)

Personal Reference 1: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(Name and address)

Personal Reference 2: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(Name and address)

Nearest Relative: \_\_\_\_\_ Relation to you: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(Name and address)

**We declare that all information given in this application is true and correct. We authorize TSC Inc. and D & G Equity to verify and obtain a complete consumer history report and supply information obtained to their clients. This information is not privileged.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_  
(Applicant 1)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_  
(Spouse)/ Co-Tenant)

**All applicants 18 years or older must sign application  
and provide valid proof of I.D. before processing application  
Tenant is responsible for obtaining all supporting documents requested before accepting the application**

