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Appointment confirmed to view: Date: \_\_\_\_\_ or Date: \_\_\_\_\_  
 Viewed: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Dates Available to View: \_\_\_\_\_

## CONSUMER HISTORY APPLICATION & RECEIPT FOR ADVANCED COSTS

(One application per person):  Individual  Co-Applicants  Married

**NOTE \* NO APPLICATION FEE WHEN SUBMITTING THE APPLICATION FOR "REVIEW"**

PROPERTY ADDRESS/INCLUDE UNIT #  
 APPLYING FOR:

Desired Move in date \_\_\_\_ -- \_\_\_\_

NAME: \_\_\_\_\_ PRIMARY PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
LAST FIRST MI

OTHER NAMES USED: \_\_\_\_\_ BIRTH DATE: MM / DD / YEAR

EMAIL: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER ITIN #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LEGAL PHOTO ID /  DRIVER'S LICENSE # \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_ /  FEDERAL LIMIT

Name of Co-Applicant(s): \_\_\_\_\_

**YES NO**

- Have you ever been party to an **Eviction**? Year: \_\_\_\_\_
- Have you ever filed **Bankruptcy**? Year: \_\_\_\_\_
- Have you ever been **convicted of a Felony**? Year/Judgement: \_\_\_\_\_
- Pets**? Qty: \_\_\_\_ Type(s): \_\_\_\_\_ Breed(s): \_\_\_\_\_ Age(s): \_\_\_\_ Name(s): \_\_\_\_\_, Weight: \_\_\_\_
- Have Renter's Insurance? Who is the carrier? \_\_\_\_\_
- Do you have **water furniture**? Type(s): \_\_\_\_\_  
(example: water bed, fish aquarium)

Further explanation for any answered "YES": \_\_\_\_\_

**OFFICE USE ONLY**

PROPERTY ACCT#

WALK-IN

GUEST CARD

PRE-APPROVAL

(Valid for 45

days)

DATE RECEIVED:

DATE

CONTACTED:

phone/Date:

Left Message

Date:

Email/Date:

Attached email

In

person/Date:

Copy of ID

from All parties

❖ **CURRENT ADDRESS:** \_\_\_\_\_ (INCLUDE APARTMENT #)  
 STREET, CITY, STATE & ZIP \*NO PO BOXES ARE ACCEPTABLE

DATES OCCUPIED: MM / DD / YEAR - MM / DD / YEAR TOTAL RENT: \$ \_\_\_\_\_ / SHARED COST: \$ \_\_\_\_\_

TYPE:  Single Family Home ( YOU AS OWNER?)  Condo  Apartment  Room  Other: \_\_\_\_\_

OWNER /  AGENCY /  ONSITE MANAGER NAME: \_\_\_\_\_

\*NOTE: RELATIVES OR FRIENDS ARE NOT CONSIDERED A RENTAL REFERENCE

LANDLORD'S ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REASON FOR MOVING? \_\_\_\_\_

❖ **PREVIOUS ADDRESS:** \_\_\_\_\_ (INCLUDE APARTMENT #)  
 STREET, CITY, STATE & ZIP \*NO PO BOXES ARE ACCEPTABLE

DATES OCCUPIED: MM / DD / YEAR - MM / DD / YEAR TOTAL RENT: \$ \_\_\_\_\_ / SHARED COST: \$ \_\_\_\_\_

TYPE:  Single Family Home ( YOU AS OWNER?)  Condo  Apartment  Room  Other: \_\_\_\_\_

OWNER /  AGENCY /  ONSITE MANAGER NAME: \_\_\_\_\_

\*NOTE: RELATIVES OR FRIENDS ARE NOT CONSIDERED A RENTAL REFERENCE

LANDLORD'S ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REASON FOR MOVING? \_\_\_\_\_

❖ Application must be filled out completely before processing. If question is not applicable, put "N/A" as answer.

❖ All applicants 18 years or older must sign application and provide valid proof of I.D. before processing.

❖ Applicant is responsible for obtaining all supporting documents requested before acceptance.

❖ Application process takes up to 7 days process

REVISED 01/2020

Reviewed with applicant   
 By Whom:  JD  NS  SG  
 Date: \_\_\_\_\_  
 By phone  In person   
 By email:  email attached  
 No response  Date: \_\_\_\_\_

❖ PRIMARY EMPLOYER: \_\_\_\_\_ HIRE DATE: MM / YEAR

POSITION: \_\_\_\_\_  F/T  P/T  TEMP: TOTAL WEEKLY HOURS: \_\_\_\_\_

GROSS MONTHLY INCOME: \$ \_\_\_\_\_  OTHER \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ DIRECT PHONE: \_\_\_\_\_

INDEPENDENT CONTRACTOR?  SELF-EMPLOYED? BUSINESS LICENSE#: \_\_\_\_\_

*If self-employed, please be prepared to provide supporting documents of income, ie. 1099s, recent tax returns, or six months of recent bank statements. \*All income must be in a verifiable in written form.*

NOTE: IF EMPLOYMENT IS TO START AT A FUTURE DATE: A LETTER OF OFFER AND ACCEPTANCE IS REQUIRED FROM COMPANY AND IS TO BE ON THE COMPANIES LETTER HEAD, SIGNED AND DATED BY SUPERVISOR AND APPLICANT

❖ SECONDARY EMPLOYER: \_\_\_\_\_ HIRE DATE: MM / YEAR

POSITION: \_\_\_\_\_  F/T  P/T  TEMP: TOTAL WEEKLY HOURS: \_\_\_\_\_

GROSS MONTHLY INCOME: \$ \_\_\_\_\_  OTHER \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ DIRECT PHONE: \_\_\_\_\_

❖ ADDITIONAL SOURCE OF INCOME: \$ \_\_\_\_\_ PER \_\_\_\_\_ RECIPIENT: \_\_\_\_\_

SAVINGS  TRUST  SSI  SSD  EDD  GENERAL ASSISTANCE  OTHER: \_\_\_\_\_

\*MUST provide written, legal verifiable documentation/Bank statements, trust documents, Tax Returns, pay check stubs with applicants name on each document

SECTION 8 HUD HOUSING VOUCHER?

❖ CHILD NAME: \_\_\_\_\_ BIRTH DATE: MM / DD / YEAR

CHILD NAME: \_\_\_\_\_ BIRTH DATE: MM / DD / YEAR

CHILD NAME: \_\_\_\_\_ BIRTH DATE: MM / DD / YEAR

CREDIT CARD LENDER: \_\_\_\_\_ BAL: \$ \_\_\_\_\_

AUTO MAKE/MODEL/YEAR: \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE# \_\_\_\_\_ LENDER?: \_\_\_\_\_

PERSONAL REFERENCE: \_\_\_\_\_ PHONE : \_\_\_\_\_  
*Name + Address*

PERSONAL REFERENCE: \_\_\_\_\_ PHONE : \_\_\_\_\_  
*Name + Address*

EMERGENCY CONTACT RELATIVE: \_\_\_\_\_  
*Name + Address Relationship/Phone:*

*I declare that all information given in this application is true and correct. I authorize AppFolio, Inc. and D & G Equity Management, Inc. to verify and obtain a complete consumer history report, sourced from Experian, and criminal background check and supply information obtained to their clients. This information is not privileged. I authorize D & G Equity Management to charge a \$40.00 per applicant to pay for costs the Owner/Agent will incur for a complete consumer history report and criminal background check on each applicant. I understand that this advance cost is non-refundable, and is not a deposit. No personal checks are accepted for payment. Exact change required. Application fees are subject to change without notice. Applicant understands and agrees that: (i) this is an application to rent only and does not guarantee that applicant will be offered the premises (ii) Landlord or Manager or Agent may receive more than one application for the premises and , will select the best qualified applicant; (iii) Applicant will provide a copy of applicants Government photo ID or other acceptable identification upon request. By signing below, you also acknowledge receipt of the attached NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW (C.A.R. form BIRN).*

- Please check this box if you would like to receive, at no charge, a copy of ICR or consumer credit report if one is obtained by the Landlord/Agent whenever you have a right to receive such a copy under California Law

CC#: \_\_\_\_\_ EXP: MM / YY CCV CODE: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE \*ALL APPLICATIONS ARE TO INCLUDE ACCURATE INFORMATION INCLUDING APPLICANTS CONTACT INFO AND VALID WORKING PHONE #'S. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND/OR PROCESSED.**

**OFFICE USE ONLY**

**Total monthly verifiable income:**