Appointment confirme Date: Time: Emailed confirmation thr AppFolio Guest Card Date: CONFIRMED/Date: Scheduled outlook calend Block Dates: RRVHS Applicant canceled appoi Currently Occupied Type	r SHORT TERM CONSUMER HISTORY APPLICATIO	N Married		
PROPERTY NAME & ADDRESS	NOTE * NO APPLICATION FEE WHEN SUBMITTING THE APPLICATION I			
	NAME: PRIMARY	′ PHONE: ()		
	LAST FIRST MI			
	OTHER NAMES USED: BIRTH DAT			
Short Term Dates:	EMAIL: SS #:			
date	INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER ITIN #:	[_]		
Rental Budget:	MAILING ADDRESS:			
\$	LEGAL PHOTO ID / D DRIVER'S LICENSE #ISSUING STATE:	/ 🗖 FEDERAL LIMIT		
BD/BA:	Name of Co-Applicant(s):			
	YES NO			
OFFICE USE ONLY	□ □ Have you ever been party to an Eviction? Year:			
PROPERTY ACCT#				
	Have you ever been convicted of a Felony ? <i>Year/Judgement:</i>			
DATE RECEIVED APP:	□ □ Pets ? <i>Qty</i> : <i>Type(s)</i> : <i>Breed(s)</i> : <i>Age(s)</i> : Na			
	Service animal ESA (Provide documentation that verifies a			
	□ □ Have Renter's Insurance? Who is the carrier?			
□ Phone/Date:	Do you have water furniture? <i>Type(s)</i> :			
Left Message Date:	Further explanation for any answered "YES":			
Email/Date:	CURRENT ADDRESS:			
□ Attached email	STREET, CITY, STATE & ZIP *NO PO BOXES ARE ACCEPTABLE	(INCLUDE APARTMENT #)		
	DATES OCCUPIED: MM / DD / YEAR - MM / DD / YEAR TOTAL RENT: \$ / SH	ARED COST: \$		
□ In person/Date:	TYPE: Single Family Home (YOU AS OWNER?) Condo Apartment Room Other:			
□ Recv'd ID:	OWNER/ AGENCY/ ONSITE MANAGER NAME:			
	*NOTE: RELATIVES OR FRIENDS ARE NOT CONSIDERED A	RENTAL REFERENCE		
Emailed Credit	LANDLORD'S ADDRESS:			
Report DATE:	PRIMARY PHONE:FAX:EMAIL:			
Emailed Cover	REASON FOR MOVING?			
Sheet DATE:	PREVIOUS ADDRESS:			
Scanned Application	STREET, CITY, STATE & ZIP *NO PO BOXES ARE ACCEPTABLE	(INCLUDE APARTMENT #)		
to Guest Card w/ID	dates occupied: MM / DD / YEAR - MM / DD / YEAR total rent: \$ / sh	ARED COST: \$		
<u>COVID-19:</u>	TYPE: Single Family Home (YOU AS OWNER?) Condo Apartment Room	□ Other:		
Vaccinated	□ OWNER/ □ AGENCY/ □ ONSITE MANAGER NAME:			
Submitted proof of completed vaccination	*NOTE: RELATIVES OR FRIENDS ARE NOT CONSIDERED A			
Discrete vaccination	LANDLORD'S ADDRESS:			
Submitted negative	PRIMARY PHONE: FAX:EMAIL:			
test within 72 hours	REASON FOR MOVING?			
prior to viewing				
Reviewed with applicant 🗆	INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED All angliageness 10 years on alder must size angliagtion and provide uplid age of a full by	h = f = u = = = =		
By Whom: D JD D SG	 All applicants 18 years or older must sign application and provide valid proof of I.D. I Applicant is responsible for obtaining all supporting documents requested before ac 			
Date:	Applicant is responsible for obtaining an supporting documents requested before ac			

Βv	phone	🗆 In	person	

Application process takes up to 7 working days and application is good for 45 days REVISED 10/2021

PRIMARY EMPLOYER:			HIRE DATE: MM / YEAR	OFFICE USE ONLY
POSITION:				
BUSINESS ADDRESS:		PHONE:		Total monthly verifiable income:
SUPERVISOR'S NAME:		DIRECT PHONE:		vermable income.
□ INDEPENDENT CONTRACTOR? □ SELF-EMPL	OYED? B	USINESS LICENSE#:		
If self-employed, please be prepared to provide support Months of recent bank statements. *All income must	be in a verifiabl	e in written form. NO SNAPSHO	OTS ACCEPTED	
NOTE: IF NEW OR FUTURE EMPLOYEMENT: A LETTER OF COMPANIES LETTER HEAD, SIGNED AND DATED BY SUPERVIS			PANY AND IS TO BE ON THE	
SECONDARY EMPLOYER:				
ADDITIONAL SOURCE OF INCOME: \$				
*MUST provide written, legal verifiable documentation/Bank statement SECTION 8 HUD HOUSING VOUCHER?	nts, trust documents	, Tax Returns, pay check stubs with appl	icants name on each document	
	DIDTL			
CHILD NAME:CHILD NAME:				×
CHILD NAME:				
AUTO MAKE/MODEL/YEAR:		Color	PLATE#	
AUTO MAKE/MODEL/YEAR:		COLOR	PLATE#	
PERSONAL REFERENCE:			PHONE :	
PERSONAL REFERENCE:			PHONE :	
EMERGENCY CONTACT RELATIVE:				
Name + Complete Address		Relationship	Phone	

6

I declare that all information given in this application is true and correct. APPLICATION MUST BE COMPLETED BY PERSON SUBMITTING AND APPLYING. 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 **\$45.00** 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. **ONLY Credit card and or money order accepted.** 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 valid Government issued photo ID or other acceptable identification upon request. By signing below, you also acknowledge receipt of the attached NOTICE REGARDGING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW (C.A.R. form BIRN).

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.