

ALL APPLICANTS NEED A CO-SIGNER

Mail Application to:

Applying for: _____ Beds _____ Bath

Fairview Apartments
 P.O. Box 767
 San Luis Obispo, CA 93406

Move-in Month: _____

RENTAL APPLICATION

Application must be filled out completely for consideration of tenancy.

1. NAME OF APPLICANT _____

Last First Middle Initial

Over 18? _____ CURRENT PHONE# _____ SS# _____

DR. LICENSE# _____ Email Address _____

2. CURRENT ADDRESS _____

Street City Zip Code

How Long? _____ Current Rent \$ _____ Landlord Name & Phone # _____

Reason for Moving _____

3. PREVIOUS ADDRESS _____

Street City Zip Code

How Long? _____ Rent Rate \$ _____ Landlord Name & Phone # _____

4. LEGAL NAMES OF ALL WHO WILL OCCUPY UNIT

Name	Relationship	18 or Over?
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5. ARE YOU A STUDENT? _____ **WHICH SCHOOL?** _____

6. DO YOU RECEIVE MONTHLY SUPPORT FROM YOUR PARENTS? _____

If YES, Monthly Amount \$ _____

Parent's Name _____

Address _____ Phone # _____

Employer _____ City _____ Phone # _____

If NO, List your monthly source of income: _____ Amount \$ _____

7. CURRENT EMPLOYER _____ **How long?** _____ **Job Title** _____

ADDRESS _____ **Income \$** _____ **per month**

8. OTHER SOURCE OF INCOME _____ **AMOUNT \$** _____

9. PREVIOUS EMPLOYER _____ How long? _____ Job Title _____
ADDRESS _____ Income \$ _____ per month

10. MONTHLY PAYMENTS Name and address of Creditor	Purpose	Monthly Payment

11. PERSONAL REFERENCES Name	Address	City	Phone #
1. _____			
2. _____			

12. NEAREST RELATIVE _____ Relationship _____
ADDRESS _____ Phone # _____

13. BANKING REFERENCE _____ Branch _____ City _____
Checking # _____ Savings # _____

14. CAR: Make _____ Model _____ Year _____ License# _____

15. HAVE YOU EVER BEEN EVICTED? _____ REASON _____

16. ANY PETS? _____

17. HOW DID YOU HEAR OF THIS RENTAL? Referred By _____
Sign on Property _____ Newspaper _____ Online _____ Other _____

APPLICANT DECLARES THAT THE ABOVE IS ACCURATE, COMPLETE AND UNDERSTANDS ANY MISREPRESENTATION WILL DISQUALIFY APPLICANT.

DATE: _____ SIGNATURE: _____

I give *Fairview Apartments* permission to process this Rental Application at a cost of \$15.00, including but not limited to, tenant reference; employment reference; and credit check.

DATE: _____ SIGNATURE: _____

CO-SIGNER AGREEMENT

1) Name of Co-Signer _____ Phone _____
Last First Initial

Soc. Sec. # _____ Birthdate _____ Dr. Lic# _____

2) Address _____
Street City, State Zip

How long at this address? _____ Do you Rent or Own? _____ CA State Parcel # _____

Previous Address _____
Street City, State Zip

3) Employer _____

Address _____
Street City, State Zip

How long? _____ Job title _____ Gross Monthly Income: _____

4) Other sources of income: _____ Amount: _____

The parties to the agreement are _____ herein called Co-Signer(s) and *Fairview Apartments* herein called owner (or agent).

Co-Signer acknowledges that he has read the agreement to rent or lease entered into by Owner (or agent) and _____ herein called Resident(s) or Tenant(s) and dated _____ and understands its terms.

Co-Signer agrees to personally guarantee the payment of any monetary damages suffered by Owner including but not limited to actual attorneys' fees incurred in the enforcement of said agreement to rent or lease and/or this co-signer agreement.

Furthermore, Co-Signer acknowledges that he/she is not occupying the premises lease pursuant to the agreement to rent or lease, not is he entitled to service of any of the statutory notices required by law to be provided occupants.

This Co-Signer Agreement shall continue full-force and effect for the entire term of the Resident's tenant including any extension, and any rental increases in effect during such tenancy.

I give *Fairview Apartments* permission to process this Co-Signer Agreement at a cost of \$15.00, including but not limited to tenant references, employment reference, and credit check.

Owner/ Agent _____ Date _____

Co-Signer Signature _____ Date _____

Co-Signer Signature _____ Date _____