

Prominence Apartments

A Willmark Community

APPLICATION TO RENT

BASE RENT AMOUNT: _____ LEASE TERM: _____ MOVE-IN DATE: _____

WASHER/DRYER RENT: _____ PET RENT: _____ GARAGE RENT: _____ OTHER: _____

APARTMENT ADDRESS AND NUMBER: _____ TYPE OF FLOOR PLAN : _____

APPLICANT MUST COMPLETE THIS SECTION. A SEPARATE APPLICATION TO RENT IS REQUIRED FOR EACH OCCUPANT 18 YEARS OF AGE OR OLDER.

Application to rent premises at: PROMINENCE APARTMENTS, 601 S. Twin Oaks Valley Rd., San Marcos CA 92078.

FULL NAME OF APPLICANT: _____
(LAST) (FIRST) (MIDDLE)

Home Phone: _____ Work Phone: _____ Social Security # _____

Date of Birth: _____ Driver's License #: _____ State: _____ Expires: _____

Full names and dates of birth for all other proposed occupants (under age 18): _____

CURRENT Address: _____ Apartment Number: _____ City/ State/ Zip: _____

From _____ To _____ Amount Paid \$: _____ Reason for Leaving _____
MONTH/YEAR MONTHLY

Landlord/Manager Name _____ Phone number _____

EMPLOYMENT HISTORY

CURRENT Employer: _____ Supervisor: _____

Employer's Address: _____ City/ State/ Zip: _____ Phone: _____

Employment Dates: From _____ To _____ Position/Title: _____ Gross Monthly Income: \$ _____

Other Monthly Income \$ _____ Source: _____

Has the applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years?
NO _____ YES _____ If yes, please explain: _____

Have you/or your intended occupant(s) ever been convicted of and/or pled "guilty" or "no contest" to any felony regardless of whether such action resulted in jail or prison time served and/or deferred adjudication?
NO _____ YES _____ If yes, please explain: _____

Have you and/or your intended occupant(s) ever been convicted of and/or pled "guilty" or "no contest" to any misdemeanor involving theft, burglary, pornography, physical assault, indecent exposure, sexual molestation and/or unlawful conduct involving a minor, regardless of whether such activity resulted in jail or prison time service and/or deferred adjudication?
NO _____ YES _____ If yes, please explain: _____

Are you currently on probation, parole, or suspended sentence for any conviction?
NO _____ YES _____ If yes, please explain: _____

PET INFORMATION

Proposed pet(s): Number: _____ Type and weight): _____

Applicant represents the above information to be true and complete, and hereby authorizes verification of the information provided. Applicant grants permission for lessor to run a credit report and a criminal background check and report.

Signed _____ **Date** _____

APPLICATION TO RENT

Receipt for Deposit and Screening Fee

SECURITY DEPOSIT: _____ PET DEPOSIT: _____ GARAGE DEPOSIT: _____ OTHER: _____

APPLICANT MUST COMPLETE THIS SECTION. A SEPARATE APPLICATION TO RENT IS REQUIRED FOR EACH OCCUPANT 18 YEARS OF AGE OR OLDER.

FULL NAME OF APPLICANT: _____
(LAST) (FIRST) (MIDDLE)

How did you hear about us? _____ E-Mail Address: _____

PREVIOUS ADDRESS: _____ Apartment Number: _____ City/ State/ Zip: _____

From _____ To _____ Amount Paid \$: _____ Reason for Leaving _____
MONTH/YEAR MONTHLY

Landlord/Manager Name _____ Phone number _____

PREVIOUS ADDRESS: _____ Apartment Number: _____ City/ State/ Zip: _____

From _____ To _____ Amount Paid \$: _____ Reason for Leaving _____
MONTH/YEAR MONTHLY

Landlord/Manager Name _____ Phone number _____

PREVIOUS Employer: _____ Supervisor: _____

Employer's Address: _____ City/ State/ Zip: _____ Phone: _____

_____ Length of Employment: _____ Position/Title: _____

In case of emergency, person to notify: _____ Relationship: _____

Address: _____ Phone: _____

Does this applicant plan to use liquid filled furniture? NO _____ YES _____ Type: _____

VEHICLE INFORMATION

Vehicle 1 Make: _____ Model: _____ Year: _____ Plate #: _____ State: _____ Color: _____

Vehicle 1 Sticker #: _____ Assigned Parking Space #: _____ Garage #: _____

Vehicle 2 Make: _____ Model: _____ Year: _____ Plate #: _____ State: _____ Color: _____

Vehicle 2 Sticker #: _____ Assigned Parking Space #: _____ Garage #: _____

BANK INFORMATION

Name of Bank	Address / Branch	Account Number	Type of Account

SPECIAL NEEDS

Do you or anyone you expect to reside with you, have any special needs arising out of a disability or handicap?

Please mark one. NO _____ YES _____

Please explain your Special Needs: _____

I understand that I do not acquire any rights in an apartment until the landlord and I sign a written lease. Apartments may be held from marketing pending the application procedure for a period not to exceed 48 hours by applicant submitting a separate Reservation Deposit. If you are applying for low-income housing, you will not acquire any rights until your application has additionally been fully approved by applicable governmental authorities.

Applicant has paid a non-refundable fee of \$20.00 applied as follows: \$19.60 for credit report and \$.40 for processing and \$0.00 for out of pocket expenses.

Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above mentioned apartment complex, as well as the inquiries regarding your character, general reputation, employment, criminal background and others will be made. Your signature on this application authorizes Prominence Apartments to obtain such information from any available source including those you have listed.

Credit Records and Reporting, as required by law, Tenant is hereby notified that a negative credit report reflecting on Tenant's credit record may be submitted to a credit reporting agency if Tenant fails to fulfill the terms of Tenant's credit obligations. Tenant authorizes Landlord and Landlord's agents permission to run credit reports on Tenant for debt collection purposes, at any time during and after the tenancy.

**The undersigned has read the foregoing three pages and acknowledges receipt of a copy.
I am aware that an incomplete application causes delay in processing and may result in denial of tenancy.**

Applicant represents the above information to be true and complete, and hereby authorizes verification of the information provided.

Applicant grants permission for lessor to run a credit report and a criminal background check and report.

Signed: _____
Applicant

Date: _____

The undersigned has received the deposit and screening fee indicated above

Signed: _____
Employee of Management Company

Date: _____

SINGLE ENTRY DEBIT AUTHORIZATION FORM

I (we) hereby authorize Prominence Apartments to initiate debit entries to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

Checking or Savings Account- MAY BE USED FOR ONLINE APPLICATION FEES ONLY

Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Depository Financial Institution Name			
Name on Account			
Routing Number		Account Number	

Credit Card Account- MAY BE USED FOR ONLINE APPLICATION FEES ONLY

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Name of person card issued to			
Credit Card Billing Address			
Card Number			
Expiration Date		CVV	

Payment Setup Information

Amount		Transaction Date	
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Authorization

This authorization is to remain in full force and effect for the number of payments authorized above or until Prominence Apartments has received written notification from me (or us) of its termination, in such time and such manner as to afford Prominence Apartments a reasonable opportunity to act on it.

Name		Unit #	
ID#		State	
Signature			
Date			