

7600 N Ingram Ave #105 Fresno, Ca 93711 Telephone 559.435.4040 Monday - Friday 9am-6pm www.RealtyFresno.com

Requirements to process an application: An application must be completely filled out for anyone over 18 years of age

· Application fee of \$20 per application must be paid at the time of turn in

· Provide income documents - previous 3 months

· Monthly household income must equal 2.5x amount of rent

· Provide color copies of ID, Drivers license

· Provide color copies of Social Security Card or foreign government/consulate ID

· Sec 8 RFTA packet or documentation from HOUSING AUTHORITY with 30% figure

APPLICATION FEE CAN BE PAID BY CASH (EXACT CHANGE) OR MONEY ORDER - We will make copies of documenation free of charge. Please have documents sorted and ready for processing -

## **APPLICATION TO RENT**

LAST NAME	FIRST NAME		MIDDLE	SOCIAL SECURITY	ORTIN#	
OTHER NAMES USED IN THE LAST 10 YEARS				PRIMARY PHONE NUMBER		
				MINIARI FILONE	NOMBLK	
DATE OF BIRTH	EMAIL			SECONDARY PHO	NE NUMBER	
DRIVERS LICENSE NUMBER	EXPIRATION	STATE	[от	THER ID'S		
			to be a second of the second o			
1 PRESENTADDRESS		(	CITY	STATE	ZIPCODE	
DATEIN	DATEOUT		OWNER/AGENTNAME	OWNER/AGENTPH	ONENO,	
REASON FOR MOVING	G		IMA	NAGEMENTS FAX NUMBER		
2 PREVIOUS ADDRESS		(	OTTY	STATE	ZIP CODE	
DATEIN	DATEOUT	O	WNER/AGENT NAM	E OWNER/AGENT	PHONE NO.	
REASON FOR MOVING	3		MA	NAGEMENTS FAX NUMBER		
LIST ALL NAME			AGE NAME		AGE	
PEOPLE						
BE LIVING IN THE RENTAL						
The same of the sa	A CONTRACTOR OF THE CONTRACTOR					
WILL YOU have pets?	Describe : size, weight , breed		WILLYOU HAVE liquid filled lumiture?	DESCRIBE		
A Present occupation or source of income			Employer name			
How long with	Supervisor's	Ę	mployer			
this employer Name of your	Phone #	***************************************	iddress			
supervisor		2	City, State ZIP			
B Prior . occupation			Employer name			
How long with this employer	Supervisor's Phone #	E	Employer			
	COME AND VALUE: SSI, SSA, PENSION, CASH AID,		ddress	Professional Court of the Court	30% NUMBER	
-			IF YOU HAV	/E SECTION 8 MARK THIS BOX		
Current gross income Check One			*IF SELF EMPLOYED PLEASE PROVIDE THE FOLLOWING 2 YEARS OF TAX DOCUMENTS			
S PER						
	Apartment Association Approved Form					
Form 3.0	et.org All Rights Ro	annel			A Party of the Par	





## YOU MUST PROVIDE A MINIMUM OF TWO EMERGENCY CONTACTS

In come of any								
In case of emergency, notify:	Address	Phone	City	Relationship				
1.	distribution of the state of th							
2.								
Personal References:	Address	Phone	Lengthol Acquaintance	Occupation				
1.								
2.								
Automobile: Make	Model	Year	License #					
	Model							
		real	License #	William Commence Account Account Commence				
Have you ever lited for bankruptcy? Have you ever been evicted or asked to move?								
Have you ever been convicted of selling, distributing or manufacturing illegal drugs?								
	33							
*************************************								
WERE YOU REFERRED TO REALTY FRESNO BY AN EXISTING TENANT? YES NO. If yes please fill out the section below.								
Name Address			Telephone					
*************************************								
	2							
Applicant represents that all the abo	ve statements are true and correct and	hereby authorizes veri	fication of the above ite	ms including, but not				
mines is, the obtaining of a credit fi	eport and agrees to furnish additional cl on to previous or subsequent Owners/	redit reterences unan	request. Applicant con:	sents to allow Owner/				
Owner/Agent will require a payment	of s 20.00 , which is to b	e used to screen App	licant with respect to cr	edit history and				
grown information inc	amount charged is ilemized as follows unlawful detainer (eviction) search, and	•		00				
2. Cost to obtain, process and	verify screening information (may inclu	ide staff time and oth	er soft costs) \$ 0.00	)				
Address of location applying for			Apt#					
	ECT COST OF THE APPLICATION PROCES	SS AND IS NO MAY DE	ELINDADIE HNDED VVI	v				
CIRCUMSTANCES. A COPY OF	THE CREDIT REPORT MAY BE GIVEN U	PON REQUEST FROM	THE APPLICANT	ı				
	N BE BUT NOT LIMITED TO EVICTIONS,			TORY, PGE AND				
DATE	SIGNATURE							
	ADADTMENT ACCOUNTION CODE -			<del></del>				

## CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' lenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.



