

Supporting documentation emailed to: info@realtyfresno.com

\*Income Requirement: Must make at least 3 times the rent amount.

Requirements to process an application:

- \* An application **MUST** be completely filled out for anyone over the age of 18
- \* Application fee of \$40 per application is due at the time of turn in
- \* Please provide a color copy of valid ID or drivers license
- \* Provide copies of social security card, foreign government/consulate ID, or TIN card
- \* Provide 3 months proof of income ( paystubs, ssi, ihss, edd, etc)
- \* If self employed or 1099 employee please provide previous 2 years of tax returns
- \* IF APPLICABLE - Provide RFTA voucher with %30 figure from HOUSING AUTHORITY
- \*(If more than one adult) List of approved household members from your resident portal



7600 N Ingram Ave #105  
 Fresno, Ca 93711  
 Telephone 559-435-4040  
 Fax 559-435-3992  
 Monday thru Friday 9am-5pm  
 www.Realtyfresno.com

APPLICATION FEE CAN BE PAID BY CASH (EXACT CHANGE) OR MONEY ORDER

## APPLICATION TO RENT

LAST NAME		FIRST NAME		MIDDLE		SOCIAL SECURITY OR TIN #	
OTHER NAMES USED IN THE LAST 10 YEARS						PRIMARY PHONE NUMBER	
DATE OF BIRTH		EMAIL				SECONDARY PHONE NUMBER	
DRIVERS LICENSE NUMBER		EXPIRATION		STATE		OTHER ID'S	
1 PRESENT ADDRESS				CITY		STATE ZIP CODE	
DATE IN		DATE OUT		OWNER/AGENT NAME		OWNER/AGENT PHONE NO.	
REASON FOR MOVING				MANAGEMENTS FAX NUMBER			
2 PREVIOUS ADDRESS				CITY		STATE ZIP CODE	
DATE IN		DATE OUT		OWNER/AGENT NAME		OWNER/AGENT PHONE NO.	
REASON FOR MOVING				MANAGEMENTS FAX NUMBER			

LIST ALL PEOPLE WHO WILL BE LIVING IN THE RENTAL	NAME	AGE	NAME	AGE

Will you have any animals?	Describe : size, weight, breed
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A	Employer	Length of employment
	Address	City State Zip
	Supervisor telephone	

B	Prior occupation	Employer name
	How long with this employer	Employer address
	Supervisor's Phone #	

LIST OTHER SOURCES OF INCOME AND VALUE : SSI, SSA, PENSION, CASH AID, FOOD STAMPS,	30% NUMBER
	IF YOU HAVE SECTION 8 MARK THIS BOX <input type="checkbox"/>

Current gross income	\$	PER	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Check One *IF SELF EMPLOYED PLEASE PROVIDE THE FOLLOWING 2 YEARS OF TAX DOCUMENTS
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