

LAST NAME		FIRST NAME		MIDDLE NAME		HOME PHONE NUMBER ()
BUSINESS NAME						BUSINESS PHONE NUMBER ()
DATE OF BIRTH		EMAIL ADDRESS				CELL PHONE NUMBER ()
DRIVERS LICENSE NUMBER		D/L STATE	D/L EXPIRE DATE	OTHER IDENTIFICATION		SOCIAL SECURITY NUMBER - -
HOME ADDRESS			CITY	STATE	ZIP	
LANDLORD / OWNER / AGENT NAME / PROPERTY MANAGEMENT COMPANY				OWNER/AGENT PHONE	OWNER/AGENT FAX	

PRESENT BUSINESS ADDRESS			CITY	STATE	ZIP
MOVE IN DATE	ESTIMATED MOVE OUT DATE	LANDLORD / OWNER / AGENT NAME / PROPERTY MANAGEMENT COMPANY			
OWNER/AGENT/EMAIL ADDRESS			OWNER/AGENT PHONE	OWNER/AGENT FAX	
REASON FOR MOVING					CURRENT RENT \$ /MONTH

TYPE OF BUSINESS YOU WILL BE OPERATING					
CURRENT INSURANCE CARRIER and POLICY NUMBER					
DESIRED MOVE IN DATE		DESIRED TERM			

PRESENT SOURCE OF INCOME (EMPLOYER NAME)					How Long with This Employer?
EMPLOYER ADDRESS (Include City, State and Zip)					
NAME OF YOUR SUPERVISOR		SUPERVISOR PHONE ()	SUPERVISOR EMAIL ADDRESS		
CURRENT GROSS INCOME \$ (Check One)					
Per <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR					

ADDITIONAL INCOME (Alimony, Child Support, or other) Please Explain:					
ADDRESS				CONTACT PHONE NUMBER ()	
OTHER INCOME AMOUNT \$ (Check One)		DURATION OF INCOME			
Per <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR					

PREVIOUS SOURCE OF INCOME (If less than 2 years at current employer)					How Long with This Employer?
EMPLOYER ADDRESS (Include City, State and Zip)					
NAME OF YOUR SUPERVISOR		SUPERVISOR PHONE ()	SUPERVISOR EMAIL ADDRESS		

OFFICE USE ONLY BELOW THIS SECTION

Date/Time Received	Fee Paid	Received by	Co-Applicants	Property Name	Desired Move In Date	#

DOCUMENTATION AND FORMS RECEIVED

- Rental Application
 Rental Verification Form
 Employment/Income Verification Form
 Copies of Pay Stubs
 Copy of Drivers License or ID Card
 Copy of Social Security Card
 Copy of Utility Bill or Bank Statement



Loans and Charge Accounts (Creditors, Credit Cards, Auto, etc.)

NAME OF CREDITOR	ADDRESS	PHONE (include area code)	MONTHLY PAYMENT

Have you ever filed for Bankruptcy? YES NO If Yes, When?

Have you ever been evicted or asked to move? YES NO If Yes, Explain?

BANKING NAME	TYPE (checking or savings)	ACCOUNT #	PHONE	ADDRESS

IN CASE OF EMERGENCY, NOTIFY:	RELATIONSHIP	PHONE	ADDRESS

PERSONAL REFERENCES	YEARS KNOWN	PHONE	ADDRESS

AUTOMOBILE MAKE/MANUFACTURER	MODEL	YEAR	LICENSE PLATE NUMBER

Applicant authorizes verification of the above items, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owners/Agents. Silicon Bay Property Management requires a payment of \$25.00 which will be used to screen applicant with respect to credit history and other background information. The amount charged is itemized as follows:

- | | |
|---|----------|
| 1. Actual Cost of Credit Report, Unlawful Detainer (eviction) search. | \$ 13.95 |
| 2. Cost to Obtain, process, and verify screening information (may include staff time and other soft costs). | \$ 11.05 |
| 3. Total Credit Check Fee Charged. | \$ 25.00 |

Silicon Bay Property Management Incorporated 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 undersigned is applying to rent the premises located at:

for the monthly rent of \$ Upon approval of this application, and execution of rental agreement or lease, the applicant shall pay all sums due prior to occupancy, including security deposit of \$

I understand that I acquire no rights to the property until a fully executed rental agreement or lease has been completed and all monies due have been paid. I certify that all of the above statements are true and complete.

Applicant Signature: X Date: _____