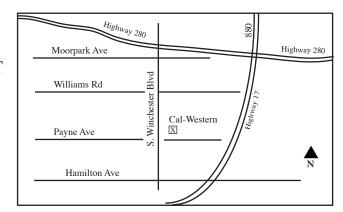
## Rental Requirements

## CAL-WESTERN PROPERTY MANAGEMENT

1270 S. Winchester Blvd., Suite 127 San Jose, CA 95128 408-554-1818 408-246-8941 (fax)



Address of Property:	
Applicant agrees to Move-in By:	

In order for Cal-Western Property Management to process your Rental Application, please follow these instructions:

- Each applicant 18 years of age and over must completely fill out an individual application. Please allow approximately two working days for processing. There is a \$30.00 non-refundable fee for each application to check credit history and background information.
- Employment and Income Qualifications: The gross combined monthly income for the entire household must be at least three times the monthly rent for the available property. All income must be verified by providing copies of current paycheck stubs. Self-employed persons must present their previous year's tax return (Form 1040 and schedule C) and 3 to 4 month's bank statements showing record of deposits.
- Please provide the names, addresses and phone numbers of two previous landlords if you have not been in your present address for more than a year.
- Multiple renters will be held jointly and severally responsible for all terms and conditions of the rental agreement.
- ABSOLUTELY NO PETS unless noted in writing in the rental agreement.
- Cal-Western Property Management supports Fair Housing and does not discriminate against potential residents on the basis of color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.
- Each applicant will be reviewed on the basis of verifiable income, longevity of employment, present and past rental history, banking and credit information.
- A security deposit is required upon approval of the application.
- Upon vacating the property, the owner/agent may withhold from the deposit only amounts necessary, but not limited to: repair damage to the premises, cleaning of the premises, payment of rent, payment of late charges and legal fees. The deposit and/or an itemized letter of disposition of deposit will be mailed within 21 days after the keys are returned to the property manager.
- The first month's rent and deposit must be paid by money order or cashier's check before keys are given out- NO EXCEPTIONS.
- CASH IS NOT ACCEPTED FOR PAYMENT OF MONTHLY RENT NO EXCEPTIONS.

<ul> <li>Maximum occupants allowed:</li> </ul>	Studio	2 persons
	1 Bedroom	3 persons
	2 Bedrooms	5 persons
	3 Bedrooms	7 persons
		-

I HAVE READ AND AGREE TO THE ABOVE:		
	Applicant Signature	Date

Last Name	First Name				Middle Name	Social Secu	rity Number		
Other names used in the last 10 years Work ph			Work phone num	ne number Home		e phone number			
Date of Birth E-mail address				( )		( ) Cell phone number			
		1 4441033				( )			
Photo ID/Type	Number			Issuing g	government	Exp	o. date	Other ID	
. Present address	•			•	City		State	Zip	
Date in	Date out		Owner/Agent Name				Owner/Agent	Phone number	
Reason for moving						T.	rrent rent	0.5	
2. Previous address					City	\$	State	/Month Zip	
	T -		0	/A			LO /A (DI		
Date in	Date out		Owne	r/Agent Name		Owner/Agent Phone numb			
Reason for moving						Cı \$	irrent rent	/Month	
Name of occupant				Date of Birth	Name of occ	· ·		Date of Birth	
Name of occupant				Date of Birth	Name of occi	Name of occupant			
Name of occupant			Date of Birth Name of occupant				Date of Birt		
Will you have Descr	ribe			<u> </u>   Wi	ll you have a	Describe			
pets?					terbed?				
How did you hear abou  ☐ am ☐ am not a me		med Forces (i	ncludi	ing the National	Guard and Res	erves)			
A. Present occupation			neraai	ing the reasonar	Employer 1				
Dates of employme	Dates of employment Supervisor's phone number			ne number	Employer address				
Name of your supervisor					City, State, Zip				
B. Prior occupation					Employer 1	Name			
Dates of employme	nt	Supervisor's	Supervisor's phone number			imployer address			
Name of your supervisor				City, State, Zip					
Current gross income			Check		Other sour	ce of Income		(Check one)	
\$ In case of omena	Per	☐ Week [		nth Year	\$			eek	
In case of emerge	ency, notity:		Addi	ress: Street, Cit	ty, State, Zip		Relationshi	p Phone	
Personal References: Address: Street, City, St			ate, Zip	Length of Acquaintan	Occupation	n Phone			
1.									
2.									
		· .	[adalı		Vear		License #:		
Automobile: Make:		IVI	ouei.		rear		Licelise #.		

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, 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.

Have your ever filed for bankruptcy: \_\_\_\_\_ Have you ever been evicted or asked to move? \_\_\_\_\_

Date

Have you ever been convicted of selling, distributing or manufacturing illegal drugs?