



101 Brookwood Ave Suite B
Santa Rosa, CA 95404
P.O. Box 253
Santa Rosa, CA 95402
Main: (707) 542-4700
Fax: (707) 542-4620

TENANT APPLICATION

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Address of Property for which you are applying: _____

Date you wish to move in: _____

Tenant Name: _____ **Date of Birth:** _____

Social Security #: _____ **Driver's License #:** _____

Co-Tenant Name: _____ **Date of Birth:** _____

Social Security #: _____ **Driver's License #:** _____

Members of household under eighteen years of age:

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Addresses

***Tenant Current:** _____
Street City State Zip

Home/Cell Phone: _____ Work Phone: _____

Email: _____

Moved In: _____ Moved Out: _____ Current Rent: _____

Landlord/Agents Name: _____ Phone: _____

Landlord/Agents Address: _____ Reason for Leaving: _____

***Co-Tenant Current:** _____
Street City State Zip

Home/Cell Phone: _____ Work Phone: _____

Email: _____

Moved In: _____ Moved Out: _____ Current Rent: _____

Landlord/Agents Name: _____ Phone: _____

Landlord/Agents Address: _____ Reason for Leaving: _____

***Tenant Previous:** _____
Street City State Zip

Moved In: _____ Moved Out: _____ Rent: _____

Landlord/Agents Name: _____ Phone: _____

Landlord/Agents Address: _____

Reason for Leaving: _____

***Co-Tenant Previous:** _____
Street City State Zip

Moved In: _____ Moved Out: _____ Rent: _____

Landlord/Agents Name: _____ Phone: _____

Landlord/Agents Address: _____

Reason for Leaving: _____

****Do You Have Animals?** Yes ___ No ___
 If yes, how many? Cat ___ Dog ___ Lizard ___ Rabbit ___ Rats ___ Other ___
 If a dog, what breed? _____
 Dog's Age: _____ Weight: _____ Male ___ Female ___
 Where is the dog when no one is home? _____
 Is your dog spayed/neutered? Yes ___ No ___
 Is your cat spayed/neutered? Yes ___ No ___
 Cat de-clawed? Yes ___ No ___ Is cat indoor or outdoor? _____ Cat's age? _____

EMPLOYMENT (If self-employed, you must provide recent tax return, bank statement or P&L to show income.)

- Full-Time Part-Time Self Employed Student Retired Unemployed

Tenant's Current Occupation: _____ **Type of Business:** _____

Employer: _____

Employer Address: _____

Employed there how long? _____ Gross Monthly Income (BEFORE TAXES): \$ _____

Contact for Employment/Income Verification: _____ Phone: _____

- Full-Time Part-Time Self Employed Student Retired Unemployed

Co-Tenant's Current Occupation: _____ **Type of Business:** _____

Employer: _____

Employer Address: _____

Employed there how long? _____ Gross Monthly Income (BEFORE TAXES): \$ _____

Contact for Employment/Income Verification: _____ Phone: _____

- Full-Time Part-Time Self Employed Student Retired Unemployed

Tenant's Previous Occupation: _____ **Type of Business:** _____

Employer: _____

Employer Address: _____

Employed there how long? _____ Gross Monthly Income (BEFORE TAXES): \$ _____

Contact for Employment/Income Verification: _____ Phone: _____

- Full-Time Part-Time Self Employed Student Retired Unemployed

Co-Tenant's Previous Occupation: _____ **Type of Business:** _____

Employer: _____

Employer Address: _____

Employed there how long? _____ Gross Monthly Income (BEFORE TAXES): \$ _____

Contact for Employment/Income Verification: _____ Phone: _____

Other sources of income Tenant would like considered: _____ Monthly Amount: _____

Other sources of income Co-Tenant would like considered: _____ Monthly Amount: _____

AUTOMOBILE(S) ***List additional vehicles on separate sheet***

Tenant's Auto

Year: _____ Make: _____ Model: _____
Color: _____ License Plate: _____ License Plate State: _____

Co-Tenant's Auto

Year: _____ Make: _____ Model: _____
Color: _____ License Plate: _____ License Plate State: _____

CREDIT

Tenant's Bank:

Address: _____ Phone: _____
Checking Acct #: _____ Balance: \$ _____
Savings Acct #: _____ Balance: \$ _____

Co-Tenant's Bank:

Address: _____ Phone: _____
Checking Acct #: _____ Balance: \$ _____
Savings Acct #: _____ Balance: \$ _____

Tenant's Personal Reference:

Address: _____ Phone: _____
Length of Relationship: _____ Occupation: _____
Nearest Relative: _____
Relation: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Co-Tenant's Personal Reference:

Address: _____ Phone: _____
Length of Relationship: _____ Occupation: _____
Nearest Relative: _____
Relation: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Tenant:

Have you ever, or are you currently filing a petition for BANKRUPTCY? Yes No

Have you ever been evicted from any tenancy or had any unlawful detainer or eviction proceedings instituted against you or brought on your behalf? Yes No

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT, AND HEREBY AUTHORIZE BAKER & ASSOCIATES PROPERTY MANAGEMENT TO VERIFY ANY AND ALL REFERENCES AND TO OBTAIN A COPY OF MY CREDIT REPORT. Consent to the use of the above information was voluntary, known and given with no restrictions.

Tenant Signature

Date

Co-Tenant:

Have you ever, or are you currently filing a petition for BANKRUPTCY? Yes No

Have you ever been evicted from any tenancy or had any unlawful detainer or eviction proceedings instituted against you or brought on your behalf? Yes No

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT, AND HEREBY AUTHORIZE BAKER & ASSOCIATES PROPERTY MANAGEMENT TO VERIFY ANY AND ALL REFERENCES AND TO OBTAIN A COPY OF MY CREDIT REPORT. Consent to the use of the above information was voluntary, known and given with no restrictions.

Tenant Signature

Date