

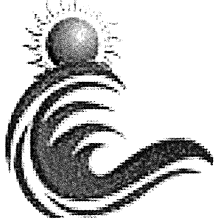
SFM VISTA DEL MAR

PROPERTY MANAGEMENT

6529 Trigo Rd. Suite #B, Goleta, CA 93117 (805) 685-4506 www.sfmvdm.com

RENTAL APPLICATION

All applications **MUST** be filled out online and printed. If we can't read your information, this could keep you from renting an apartment.



Applying to rent: _____
(street address) (apartment number)

2nd choice: _____ 3rd choice: _____

Name: _____ Cell phone #: _____

Email address: _____
(personal) (school)

Social Security #: _____ Date of birth: _____

Driver's License #: _____ State: _____

If you are a student, year in school _____ UCSB ___ SBCC ___ Other _____

Proposed Occupants: (List all roommates in addition to yourself):

(Name) (Email) (Cell) Age _____

(Name) (Email) (Cell) Age _____

(Name) (Email) (Cell) Age _____

(Name) (Email) (Cell) Age _____

(Name) (Email) (Cell) Age _____

(Name) (Email) (Cell) Age _____

(Name) (Email) (Cell) Age _____

(Name) (Email) (Cell) Age _____

CURRENT ADDRESS

(Street) (City) (State) (Zip Code)

Landlord's Name: _____ Phone #: _____

How long at this address: From _____ To _____

Reason for leaving _____

PREVIOUS ADDRESS

(Street) (City) (State) (Zip Code)

Landlord's Name: _____ Phone # _____

How long at this address: From _____ To _____

Reason for leaving: _____

Do you smoke? _____ Do you have an Emotional Support Animal? Yes ___ No ___ Type _____

Have you ever been evicted, given a 3 Day Notice, or been asked to leave any rentals? Yes _____ No _____

If yes, please explain: _____

Will you have a car at your apartment: yes ___ no ___ Make _____ License plate _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship _____ Phone# _____

Address: _____
(Street) (City) (State) (Zip Code)

Email address: _____

PARENTAL GUARANTEE INFORMATION (State of CA resident only): This person will be co-signing for you and guaranteeing your rent to this office. Each roommate will be required to have a co-signer.

Parent/Guardian Name: _____ Phone # _____

Address: _____
(Street) (City) (State) (Zip Code)

Employer: _____ Job Title _____

Employer's Address: _____
(Street) (City) (State) (Zip Code)

Work phone # _____ Work email address: _____

Self-Employed, type of work: _____ Years in business _____

Address: _____
(Street) (City) (State) (Zip Code)

MEAN'S OF SUPPORT DURING THE LEASE TERM ~ CHECK ALL THAT APPLY.

Parental: yes ___ no ___ \$ _____ per month ___ quarter ___ Employment: yes ___ no ___ \$ _____ per month ___ quarter ___
Loan: yes ___ no ___ \$ _____ per month ___ quarter ___ Grant: yes ___ no ___ \$ _____ per month ___ quarter ___
Scholarship yes ___ no ___ \$ _____ per month ___ quarter ___ Savings: yes ___ no ___ \$ _____ per month ___ quarter ___

Applicant represents and agrees that all the above statements are true and correct and hereby authorizes verification of the above items as SFM VISTA DEL MAR deems necessary.

Applicant's signature

Date

FOR OFFICE USE ONLY

1) Copy of driver's license: yes/no (attached)

2) Emailed tenant(s) for appointment to sign a lease: yes/no

Date _____

3) Signing appt date _____