

**Simmons Real Estate**

417 F Street, Davis CA 95616

PHONE: (530)753-5638 FAX: (530)753-4002

For more info E-mail [SIMMONSRENTAL@ATT.NET](mailto:SIMMONSRENTAL@ATT.NET)

Application Requirements:

- Application
- **MONEY ORDER** for \$25 per Person
  - Payable to: **Simmons Real Estate**
  - **NO** Personal Checks or Cash will be Accepted
- Photo ID, Social Security Card
- Proof of Income (this could include Financial Aid Award)

# APPLICATION TO RENT

Tenant  
 Guarantor

(All sections must be completed) **Individual applications required from each occupant 18 years of age or older.**

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other names used in the last 10 years				Work phone number ( )		Home phone number ( )	
Date of birth		E-mail address				Mobile/Cell phone number ( )	
Photo ID/Type		Number		Issuing government		Exp. date	
Other ID							
1. Present address		City		State		Zip	
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving out						Current rent \$ /Month	
2. Previous address		City		State		Zip	
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving out							
3. Next previous address		City		State		Zip	
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving out							
Proposed Occupants: List all in addition to yourself	Name			Name			
	Name			Name			
	Name			Name			
Do you have pets?	Describe			Do you have a waterbed?	Describe		
How did you hear about this rental?							
A. Current Employer Name		Job Title or Position			Dates of Employment		
Employer address				Employer/Human Resources phone number ( )			
City, State, Zip				Name of your supervisor/human resources manager			
Current gross income		Check one					
\$		Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year					
B. Prior Employer Name		Job Title or Position			Dates of Employment		
Employer address				Employer/Human Resources phone number ( )			
City, State, Zip				Name of your supervisor/human resources manager			
Other income source _____ Amount \$ _____ Frequency _____							
Other income source _____ Amount \$ _____ Frequency _____							



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Name of your bank	Branch or address	Account Number

Please list ALL of your financial obligations below.

Name of Creditor	Address	Phone Number	Monthly Pymt. Amt.
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	

In case of emergency, notify:	Address: Street, City, State, Zip	Relationship	Phone
1.			
2.			

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
1.				
2.				

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Other motor vehicles: \_\_\_\_\_

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

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

**Applicant represents that all the above statements are true and correct, authorizes verification of the above items and agrees to furnish additional credit references upon request. Applicant authorizes the Owner/Agent to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Owner/ Agent to disclose tenancy information to previous or subsequent Owners/Agents.**

Owner/Agent will require a payment of \$ \_\_\_\_\_, which is to be used to screen Applicant.

The amount charged is itemized as follows:

1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$ \_\_\_\_\_
2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$ \_\_\_\_\_
3. Total fee charged \$ \_\_\_\_\_

The undersigned is applying to rent the premises designated as:

Apt. No. \_\_\_\_\_ Located at \_\_\_\_\_

The rent for which is \$ \_\_\_\_\_ per \_\_\_\_\_. Upon approval of this application, and execution of a rental/lease agreement, the applicant shall pay all sums due, including required security deposit of \$ \_\_\_\_\_, before occupancy.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant (signature required)



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## CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association 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 California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.



# SIMMONS REAL ESTATE, INC.

417 F STREET, STE 3, DAVIS, CA 95616  
(530) 753-5638; FAX (530) 753-4002  
e-mail: [simmonsrental@att.net](mailto:simmonsrental@att.net) website: [simmonsre.net](http://simmonsre.net)

## RENTAL VERIFICATION FORM

Current Property Address: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Tenant's Signature \_\_\_\_\_

Applicant authorizes verification of rental references provided and agrees to furnish additional references upon request.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

To: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly Rental Rate: \$ \_\_\_\_\_

1. Rent Paid on Time Yes No

Number of Times Late \_\_\_\_\_

2. NSF Checks Yes No

Number of NSF Checks \_\_\_\_\_

3. Legal Notices Served Yes No

4. Moved Out w/Balance Owing & In Collections Yes No

Amount of Outstanding Balance \$ \_\_\_\_\_

5. Violation of Pet Policy Yes No

6. Was property clean when vacated? Yes No

7. Would you rent to this tenant again? Yes No

**Please fax this information back to us as soon as possible. Thank you!**

**Landlord Protection Service**  
**Credit Check Authorization Form**

**REFERENCE:** \_\_\_\_\_  
**(PROPERTY ADDRESS)**

By execution of this application, I hereby authorize Landlord Protection Service to run an Employment and Credit Report, and to check for Criminal Records.

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**SOCIAL SECURITY#:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**APPLICANT PHONE #:** \_\_\_\_\_

IN ORDER TO COMPLY WITH THE CREDIT REPORTING ACT, THE APPLICANT MUST READ AND SIGN THIS FORM BELOW. ORIGINAL SIGNATURE ON THIS FORM IS MANDATORY.

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character and general reputation will be verified. I, as the applicant, represent that the facts set forth on this document are true and complete. I, as the applicant, agree that a complete investigation of all the information on this document will not constitute an invasion of privacy. I authorize Landlord Protection Service to obtain a credit report pertaining to me. Landlord Protection Service has my permission to release information found in this screening process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

(800) 577-8282

Fax: (800) 577-3799

CLIENT: SIMMONS REAL ESTATE  
PHONE: (530) 753-5638

ACCOUNT: \_\_\_\_\_  
FAX: (530) 753-4002

ORDER REQUESTOR:

- |                                |                                      |                                |  |                             |
|--------------------------------|--------------------------------------|--------------------------------|--|-----------------------------|
| <input type="checkbox"/> TRUST | <input type="checkbox"/> JMS RENTALS | <input type="checkbox"/> CV/RA | <input type="checkbox"/> 8 <sup>th</sup> ST. | <input type="checkbox"/> GA |
| <input type="checkbox"/> K&Q   | <input type="checkbox"/> PP          | <input type="checkbox"/> PINON | <input type="checkbox"/> SG                  | <input type="checkbox"/> UH |