DRE# 02101534

EMAIL: certified@syix.com

TEL: (530) 671-9010

APPLICATION REQUIREMENTS & RENTAL POLICY:

APPLICATION REQUIREMENTS:

- 1. Picture ID (Driver's License or State issued identification) and Social Security Card
- 2. At least one (2) months of recent pay stubs/proof of income
- 3. Non-Refundable Application Fee: \$35.00 per adult (age 18+)
- 4. Application fee: paid in cash, cashier's check or money orders (no personal checks accepted).
- 5. Self-employed income (last year's business tax return and/or year to date P&L (income Statement).

APPLICANT: All persons 18 years and older are required to fill out an application (two per application).

AGE: Prospective resident(s) must be 18 years of age or older.

HOUSEHOLD: Household size limited to two (2) persons per bedroom.

INCOME: Monthly gross income (total before taxes) should be at least three (3) times the amount of rent.

EMPLOYMENT: If employed for less than one (1) year, we will also need to verify your previous employment.

PREVIOUS RESIDENCE: A payment history, no less than six (6) months, of timely payments at the same location, or at least two (2) previous addresses.

RENT: Rent is due and payable in full by the first of the month.

CASH: We do **NOT** accept cash for security deposits, rent, late fees, etc.

MOVE IN: First month rent plus security deposit must be **PAID IN FULL** prior to move in. Money Order or Cashier's check is the only acceptable form of payment for the holding deposit and initial move in charges. After the initial move in, personal checks will be accepted.

PETS: No dogs, cats, birds, reptiles, rodents, and/or exotic animals are permitted unless authorized in advance by owner/management in writing. Additional deposit will be required for OUTDOOR ONLY PETS based on size and type of animal. PITBULLS or any mixed breed dog that is part PITBULL are not permitted on the premises under any circumstances.

SMOKING: NO SMOKING is allowed inside the unit/house and the premises.

RENTERS LIABILITY INSURANCE: Is **REQUIRED** on all properties with a minimum of \$100,000.00 in coverage (policy must also include personal property coverage). Proof of policy must be submitted no later than five (5) days prior to move in date. Failure to obtain the correct policy in the specified time frame may result in loss of rental. (Please do not obtain policy until you have been approved for a property)

We will access and verify you employers, rental history and credit standing through Tenant Screening (TSC, Inc.).

Rental applications may be denied for the following reasons:

- 1. False information on the application
- 2. Incomplete or unsigned rental application
- 3. Credit report contains collections, bankruptcies, judgments or liens
- 4. Two or more sixty (60) day delinquencies on credit report
- 5. Any current disputes with landlords or prior evictions
- 6. Unfavorable rental references
- 7. Unable to verify income or employment
- 8. Threatening or abusive language or behavior towards staff during application process in an automatic disqualification.

Applicant Names: (Age 18+)	Contact Phone Number:	Date:
1.		
2.		

Application for Rental Property Address:	

CERTIFIED REALTORS, INC. 459 ½ PALORA AVE., YUBA CITY, CA

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RENTAL APPLICATION

Important: All information must be completed in its entirety. Please print clearly and legibly to ensure accurate and timely processing:

Address/Unit Applying For:						
Applicant #1 Last Any other name(s) used:		First		Contact No: Work No:	Middle () ()	Suff.
Email Address						
Social Security #	Date of Birth		Age	DL 8	₹ ID#	····
Applicant #2 Last Any other name(s) used:		First		Contact No: Work No:	Middle ()	Suff.
Email Address:						
Social Security #	Date of Birth		Age	DL 8	& ID#	
ADDRESS: Current Address						
Street		City			State	Zip □ Rent
Landlord's Name		Phone #			\$	
Reason for leaving		Move In Date		Move Out Dat		gage/Rent
Current Address						
Street		City			State Own	Zip □ Rent
Landlord's Name		Phone #			\$	
Reason for leaving		Move In Date		Move Out Dat		gage/Rent
EMPLOYER: Applicant # 1						
Employer		Phone #		Fax	#	· · · · · · · · · · · · · · · · · · ·
Address		City		State	Zip	Hourly / Mo
Position	Hire D	ate		Salary		circle one

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459 ½ PALOI	RA AVE., Y	UBA CITY, CA			TEL:	(530) 671-9	9010
EMPLOYER: Applicant # 2							
Employer			Phone #			Fax #	
Address			City			State	Zip Hourly / Mo
Position			Hire Date		Salary		circle one
		GEN	ERAL INFOR	MATION			
Automobile 1:	Year	Make/Model		Color:		License#	<u>!</u>
Automobile 2.	Year	Make/Model		Color:		License#	£
PERSONAL 1. Name: 2. Name: 3. Name:	REFEREN	CES: Addre Addre Addre	ess:			Phone: Phone: Phone:	
ADDITIONA 1. Name:	AL OCCUPA	ANTS INFORMA			A 921	Dot	e of Birth:
2. Name:			tionship: tionship:		Age: Age:		e of Birth:
3. Name:			•		Age:		e of Birth:
4. Name:		Relationship: Relationship:			Age:		e of Birth:
5. Name:		Rela	tionship:		Age:	Date	e of Birth:
6. Name:		Rela	tionship:		Age:	Date	e of Birth:
NEAREST R	RELATIVES	5:					
Name			Address:				
Relationship			Phone No:				
Name			Address:				
Relationship		Phone No:					
Have you eve	er been a pa	rty to an eviction?	Yes	No			
Have you eve	er filed bank	ruptcy?	Yes	No No			
•		icted of a Crime? the back of the ap		No			

CERTIFIED REALTORS, INC. 459 ½ PALORA AVE., YUBA CIT	DRE# 02101534 Y, CA	EMAIL: certified@syix.com TEL: (530) 671-9010
Do you have any Credit Cards?	Yes [No Total Balance Due \$
Do you have any Loans?	Yes	No Total Balance Due \$
Do you have any PETS? Type/Breed: Siz	Yes [we/weight:	No
OTHER INCOME (Social Security	, Retirement, Self Employe	detc)
Type of Income: (Source)		
Person Receiving Income:		
Pay Dates:)Monthly ()Bi-we	ekly ()Weekly
Amount of Income: \$		
	Tamony, Cama Support an	nless you want us to consider it a factor.
SELF EMPLOYED If you are self-employed please incl your business license.	Yes No dude your most recent busin	ess tax return (Form1040) and a copy of
Business Name:		
Type of Business:		
Name of Owner:		
How long in business?		
Monthly Income: \$		

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AUTHORIZATION

In connection with my rental application, I authorize <u>Certified Realtors</u>, (the "Landlord or Property Management Company") to obtain a "consumer report" (background report) about me. The background check company who will be conducting such checks is **Tenant Screening Center**, Inc., 6570 Oakmont Drive, Suite B, Santa Rosa, CA 95409, toll-free phone: 1-800-523-2381, <u>www.tsci.com</u>.

I acknowledge the background report may contain information concerning my character, general reputation, personal characteristics, mode of living, and credit history/standing. The types of information that may be obtained include, but are not limited to: social security number verification, criminal records check, verification of previous and current landlords, verification of employment, and credit reports.

Selection criteria that may result in denial of my rental application includes: criminal history; previous rental history; credit history; or failure to provide accurate or complete information on the application form.

I agree the Landlord or Property Management Company may rely on this form to obtain background reports throughout my tenancy without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provide inaccurate or incomplete information, your application may be rejected and your application fee will not be refunded.

California Applicants Only: Check this box if you would like a free copy of	your background check report:
Washington State applicants: You also have the right to request from the summary of your rights and remedies under the Washington Fair Credit	
Applicant Signature	Date (Month/Day/Year)
Print Name	
Applicant Signature	Date (Month/Day/Year)
Print Name	
If requested ONLINE please indicate the File(s) #	

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LANDLORD REFERENCE

TO: Prior/Present Complex:Address:	
Address:	
Date:	
I,, Hereby au the requested information regarding my tenanc	ithorize the landlord, of the above listed property, to release cy.
	Applicant Signature
To Whom it May Concern:	
applying for admission to our units. To comply supplying information on the tenant history of the Your prompt return of this information will be g	greatly appreciated. You can mail or email to the numbers or
address' listed above. If you have any question	ns, please do not hesitate to call.
Please check: Current Landlord ()	Previous Landlord () Other ()
Date of Tenancy: From	to
Rent paid on time? Rent paid late? Any eviction notices given? Unit kept clean? Damage to unit or common areas? Any problems with tenant(s) children? Any problems with tenant(s) visitors or guests? Did tenant(s) allow other not on the lease to live in any history of violence or disturbing neighbors? Has applicant(s) given you any false information? Tenant(s) security deposit refunded? Rent or damages still owing? Would you rent to this tenant/family again? Comments:	Yes () No () Yes () No () How often? Yes () No ()
Landlord/Manager Signature	Date Phone .