



2717 Cottage Way, Suite 20 * Sacramento CA

(916) 482-Rent * (916) 482-7368

Application to Rent
\$25.00 Application fee for each Adult

Rent _____
 Deposit _____
 Move-in Date _____

Address of property desired:			
Last Name:		First Name:	
Social Security #:		Cell Phone:	Home Phone:
Drivers License #:		Expires:	Work Phone:
State:	Date of Birth:	M.I.: AKA:	

Present Address: _____ City: _____ State: _____ Zip: _____

Date In:	Date Out:	Owner/Manager:	Phone:
Current Rent:	Date Paid:	Reason for leaving:	

Previous Address: _____ City: _____ State: _____ Zip: _____

Date In:	Date Out:	Owner/Manager:	Phone:
Current Rent:	Date Paid:	Reason for leaving:	

Previous Address: _____ City: _____ State: _____ Zip: _____

Date In:	Date Out:	Owner/Manager:	Phone:
Current Rent:	Reason for leaving:		

Proposed Occupants Including Yourself Applicant Agrees to move-in by _____

NAME	AGE	NAME	AGE

Will you have pets _____ Describe _____ Waterbed _____ Insurance _____

Employer Name:	Present Occupation:
Employer Address:	How long with this Employer?
Phone: () -	Self Employed?
Supervisor:	Need 1040s?
Employer Name:	Previous Occupation:
Employer Address:	How long with this Employer?
Phone: () -	Supervisor:



Current Gross Income: \$	Circle One-->	WEEK	MONTH	YEAR
Other Source of Income: \$	Circle One-->	WEEK	MONTH	YEAR

IN CASE OF EMERGENCY, NOTIFY	ADDRESS	PHONE	RELATIONSHIP

AUTOMOBILE MAKE	MODEL	YEAR	LICENSE NO.

Applicant represents that all statements on this application are true and correct. Applicant authorizes verification of all information on this application, including but not limited to obtaining a credit report, investigation of financial responsibility and general character. Applicant agrees to provide additional information as requested. Should Pacifica Management be unable to verify any of the information on the application, the application may be rejected.

Applicants Signature: _____
 Date _____