

# Pacific West Management Rental Application

## THE WINSTED AT SUNSET WEST

101 Coppervale Circle, Rocklin, CA 95765 916-789-1114 916-789-1117 (FAX)

Apt # \_\_\_\_\_ Move In Date \_\_\_\_\_ Lease Term \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ D/L#: \_\_\_\_\_ STATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CURRENT LANDLORD NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CURRENT RENT: \$ \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_ MOVE OUT DATE: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

PLEASE LIST ANY ADDITIONAL PERSONS WHO WILL BE OCCUPYING THE APARTMENT WITH YOU  
NAME DATE OF BIRTH RELATIONSHIP

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

IF YOU HAVE PETS, PLEASE PROVIDE THE FOLLOWING INFORMATION

NAME	AGE	TYPE OF PET	COLOR DESCRIPTION	CURRENT WEIGHT	MAX WEIGHT
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1. \_\_\_\_\_
2. \_\_\_\_\_

PLEASE LIST ALL AUTOMOBILES FOR ALL RESIDENTS

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #	STATE
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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**PAST RESIDENCY**

HAVE YOU EVER BEEN EVICTED? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PREVIOUS LANDLORD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS RENT: \$ \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_ MOVE OUT DATE: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

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**EMPLOYMENT**

CURRENT EMPLOYER: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ GROSS MONTHLY INCOME: \$ \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ GROSS MONTHLY INCOME: \$ \_\_\_\_\_

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**PERSONAL REFERENCES**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

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**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ALTERNATIVE PHONE #: \_\_\_\_\_

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The applicant hereby represents that the above statements are true, and are made to induce the Landlord to rent him an apartment and the Landlord is authorized to investigate said statements. Any false statements made above shall be sufficient cause for Landlord to cancel and terminate any agreement made with the applicant. Owner or agent has the right to reject this application and return the deposit, less \$ \_\_\_\_\_ for processing fee, within twenty one days from date of application. If applicant withdraws application, or fails to execute and agreement upon request of the Landlord, the deposit will be retained by Landlord as liquidated damages. Owner or Agent will request credit check, verify employment and obtain rental history prior to management reviewing file for approval.

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\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENT/OWNER SIGNATURE