



Application for Tenancy

Please drive by any properties of interest. We encourage you to complete an application before scheduling an appointment to see inside the property.

Before your application is processed, you must pay a \$20, non-refundable processing fee.

Check here if there are roommates or co-applicants. List all additional names on the *co-applicant* line below. Complete additional applications if you have more than one co-applicant.

3109 H Street, Eureka CA 95503 * 707 444-3835 * fax 707 441-0985 * hot line 707 444-9197
Web site: PPMRentals.com * info@PPMRentals.com DRE license #01144072

Property(s) of interest: _____

Name of applicant: _____ Phone # _____

Birth Date _____ Social Security Number _____ Driver's license # _____

Co-applicants: _____ Phone # _____

Birth Date _____ Social Security Number _____ Driver's license # _____

Email address: _____ Co-App email: _____

No Yes, *Alternate mailing address?* (ie. PO Box) please provide _____

No Yes *Kids?* , List name and age of all children, full or part time: _____

No Yes *Pets ?*, List type, weight, breed and age for each pet _____

No Yes *Does anyone in the house smoke?* Outside? Yes No Inside? Yes No

Residence Information Please provide all landlord references.

Applicant:

1. Current address: _____ City: _____ State: _____ Zip: _____
From: _____ Landlord: _____ Landlord phone: _____ Rent: \$ _____
To: _____ 30-Day given? Yes No Reason for leaving: _____

2. Former address: _____ City: _____ State: _____ Zip: _____
From: _____ Landlord: _____ Landlord phone: _____ Rent: \$ _____
To: _____ 30-Day given? Yes No Reason for leaving: _____

3. Former address: _____ City: _____ State: _____ Zip: _____
From: _____ Landlord: _____ Landlord phone: _____ Rent: \$ _____
To: _____ 30-Day given? Yes No Reason for leaving: _____

Co-Applicant:

1. Current address: _____ City: _____ State: _____ Zip: _____
From: _____ Landlord: _____ Landlord phone: _____ Rent: \$ _____
To: _____ 30-Day given? Yes No Reason for leaving: _____

2. Former address: _____ City: _____ State: _____ Zip: _____
From: _____ Landlord: _____ Landlord phone: _____ Rent: \$ _____
To: _____ 30-Day given? Yes No Reason for leaving: _____

3. Former address: _____ City: _____ State: _____ Zip: _____
From: _____ Landlord: _____ Landlord phone: _____ Rent: \$ _____
To: _____ 30-Day given? Yes No Reason for leaving: _____



We are Equal Housing Opportunity housing providers and active proponents of fair housing laws



Income Information

Our income ratio is 3 to 1. The total monthly income of all applicants should be equal or greater than 3 times the monthly rental rate. If the income is less that this, a co-signer or proof of assets may be required. Co-signer forms are available at our office or website. Please provide copies of pay stubs, SSI, Passport to Services, financial aid, grants or other evidence of award based income. For self-employed, please attach 1099's or form 1040, schedule C.

Applicant's employer: _____

Address: _____ Position: _____

Monthly income: \$ _____ Start date: _____ Supervisor: _____ Phone: _____

Other income: \$ _____ Source: _____

Co-Applicant's employer: _____

Address: _____ Position: _____

Monthly income: \$ _____ Start date: _____ Supervisor: _____ Phone: _____

Other income: \$ _____ Source: _____

Bank/Branch: _____ Checking balance: _____ Savings balance: _____

Bank/Branch: _____ Checking balance: _____ Savings balance: _____

Auto(s): Make, Model, Year _____

Eviction History

Have you ever been served an Unlawful Detainer? No Yes, please explain: _____

Have you ever been served with a notice to move or three day notice: No Yes, please explain below.

Have you ever been convicted of a crime other than minor traffic violations? : No Yes, please explain below.

Explanation: _____

Do you have a water bed, aquarium or other liquid furnishings? : No Yes, please describe: _____

Emergency contact for applicant: _____ Phone: _____

Address (city, state, zip): _____ Relationship: _____

Emergency contact for co-applicant: _____ Phone: _____

Address (city, state, zip): _____ Relationship: _____

I/We certify that the information above is correct and authorize Professional Property Management to verify it by obtaining credit reports, landlord verification, employment verification, public reports and such other information as deemed reasonable. In connection with my application for tenancy, I understand that Professional Property Management may obtain one or more Consumer Credit Reports, which may contain public information, for the purpose of evaluating my application. It is understood that this application is the property of Professional Property management once it is turned in and will not be returned to applicants.

Date: _____ Signature: _____

Date: _____ Signature: _____

Please note: Regarding Consumer Credit Reports - We are not a credit reporting agency and cannot answer questions regarding your Consumer Credit Report, but we will provide you with the credit agency contact information. Under section 1786.22 of the California Civil Code, if you wish to dispute the accuracy or completeness of any item in your Consumer Credit Report, you may contact the consumer reporting agency named below. You also may view the file maintained on you by the credit reporting agency. Should your application be denied due to information contained in the Consumer Credit Report, you have the right to obtain within 60 days a free copy of the Consumer Credit Report. Applicants further have the right under California Civil Code section 1785.16 to dispute the accuracy or completeness of any information in the report furnished by the credit reporting agency. Please contact Annual Credit Report Request Service, 877-322-8228, PO Box 105821, Atlanta Georgia 30348-5281, www.annualcreditreport.com. Disputes regarding an Experian credit report should be directed to Experian, PO Box 2002, Allen, TX 75013-0036, 888-397-3742, www.experian.com.

If you would like to receive a copy of your credit report, please initial here _____



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