

WATTS PROPERTIES RENTAL APPLICATION

Email wutshappening@yahoo.com
530-343-7724 or 530-519-9993 / 530-342-6510

Please complete both sides and sign this application. Individual applications must be submitted by each person responsible for payment of monthly rent.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE NO.
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NO.

PRESENT ADDRESS			PREVIOUS ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
DATE IN	DATE OUT		DATE IN	DATE OUT	
OWNER/MANAGER	PHONE NO.		OWNER/MANAGER	PHONE NO.	
REASON FOR MOVING			REASON FOR MOVING		

HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? IF SO, PLEASE EXPLAIN:

PROPOSED OCCUPANTS (IN ADDITION TO APPLICANT)	VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
	VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
	ANY PETS? DESCRIBE:			
	ANY LIQUID-FILLED FURNITURE? DESCRIBE:			
	MOTHER'S MAIDEN NAME			

PERSONAL REFERENCES	ADDRESS	PHONE	YEARS KNOWN

IN CASE OF EMERGENCY, NOTIFY	ADDRESS	PHONE	RELATIONSHIP



EMPLOYMENT INFORMATION

EMPLOYER		PREVIOUS EMPLOYER	
ADDRESS		ADDRESS	
PHONE	SUPERVISOR	PHONE	SUPERVISOR
POSITION	LENGTH OF EMPLOYMENT	POSITION	LENGTH OF EMPLOYMENT

CURRENT GROSS INCOME: \$ _____ PER WEEK MONTH YEAR

CREDIT INFORMATION

NAME OF BANK	BRANCH OR ADDRESS	ACCOUNT NO.	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
			<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS

Please list all of your financial obligations below:

NAME OF CREDITOR	ADDRESS	PHONE	MO. PAYMENT

The undersigned hereby makes application to rent the accommodations located at _____ Apt. No. _____ Applicant testifies that all of the foregoing is true and correct and hereby authorizes verification of the information including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references if requested. Applicant agrees, if accepted, to pay \$ _____ per _____ and agrees to sign a rental agreement and to pay all sums due, including the required deposit of _____ prior to occupancy.

Signature of Applicant _____ Date _____

LANDLORD REFERENCE

Email wutshappening@yahoo.com
530-343-7724 or 530-519-9993

Verification of Applicant's Landlord Reference email (wutshappening@yahoo.com) in to Landlord

Date: _____

To: Mike or Nanci Watts _____ From: _____

Phone No.: _____

Re: Applicant: _____ Subject Address: _____

Co-Applicants: _____ Subject Address: _____

CoApplicants _____

Move In Date: _____ Move Out Date: _____

The above-named applicant(s) has applied with us for rental housing. The following information is required in order for us to give proper consideration to his/her application. The confidentiality of the information you furnish will be preserved except where disclosure is required by law. Please fax this back to us. A prompt response is most appreciated. Thank you in advance for your attention to this request. :)

To be completed by landlord:

1. Address of property: _____
2. Dates of occupancy: Move in: _____ Move out: _____
3. What's the monthly rent? _____
4. Was the rent paid on time? _____ If late, how often? _____
5. Did resident give proper notice? _____
6. Were the premises left in good condition? _____
7. If no, please explain: _____
8. Were there any 3-day to quite /perform served? _____
9. If so, what was the reason? _____
10. Would you rent to this person again? _____
11. Any additional comments that would aid in the evaluation of this person's application for rental:

Print Name and Title

Signature

Co-Sign Form

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The subject property is an Apartment unit identified in lease. Upon review and approval and full execution of the lease for the subject property, I do hereby agree to guarantee all financial lease obligations under the terms of said applicant,

_____ This guarantee includes any charges for past due rent; bounced checks and related bank fees; cleaning cost or property damages in excess of security deposit; and any other financial obligations which may arise from the tenancy under the terms of the lease.

Date: _____

Guarantor (Please Print): _____

Relationship to Tenant: _____

Guarantor Address: _____

Guarantor Phone Number: _____

Guarantor Social Security #: _____

Guarantor Employer/Address/Phone: _____

Signature of Guarantor: _____

*We must have verification of your signature. This can be accomplished by either having this form notarized or sign above and send a copy of your drivers license with your valid signature.

Copy Drivers License Below

I accept this Guarantee and Agreement

Landlords signature

Addendum to Lease