

Cournale & Co.

4630 Geary Blvd San Francisco CA 94118 415/752-3600 FAX 415/752-3904

TENANT RENTAL APPLICATION

Property Address: _____

Applicant Name: _____

Please Note: There is a non-refundable \$35.00 processing/Credit Report fee per applicant (no outside credit reports accepted) – check, money order or by Pay Pal. When paying via Pay Pal please go through our website at www.cournaleco.com and use email address info@cournaleco.com. Application fee is not applicable to any move-in costs.

Prospective Tenant:

Please read the following ***very carefully***. If you agree to our requirements, please sign below. Then fill out rental application.

Cournale & Co. is an equal opportunity housing provider and does not discriminate on the basis of race, color, national origin, religion, sex, familial status and/or handicap (disability).

Rental applications are taken on a first come, first serve basis. This means after Cournale & Co. has received the first complete application, no others will be reviewed unless the first application is deemed unacceptable or incomplete. Listed below are Cournale & Co.'s criteria for acceptable rental applications.

1. **APPLICATION:** An application form must be completed, signed and submitted by all adults – eighteen (18) years or older – who will be residing in the rental unit. The application authorizes Cournale & Co. to procure a credit report on each adult.
2. **EARNINGS:** Applicant's gross earnings should be: A) 1 person – at least two and a half (2.5) times the monthly rent or B) 2 or more person's – at least three (3) times the monthly rent of the unit he/she is interested in. For verification of income, provide copies of last 2 paycheck stubs from each employer, and/or acceptance letters for financial aid, student loans, and other benefits or subsidies as applicable.
3. **EMPLOYMENT:** If you have been employed with your present employer less than one full year, you may be subject to an increased security deposit, and may also be asked to provide a letter of reference from your former employer. **If you are self-employed you will be required to provide copies of your last two tax returns.**
4. **VERIFICATION OF EMPLOYMENT/TENANCY:** Cournale & Co. will contact your employers and landlord(s) to verify the information provided on your rental application. Under some circumstances we may require a written acknowledgment from your employer/landlord. In either case you should contact the necessary person(s) in order to give your authorization for them to release information regarding your employment/tenancy. Applicant is responsible for fees associated with obtaining employment verification from third party companies used by employers for employment verification. Cost is determined by third party company.
5. **MOVE-IN COSTS:** Upon approval of application, all monies must be paid with a money order or cashier's check. No personal checks or cash can be accepted. Move-in costs amount to first month's rent plus a security deposit, which has been deemed reasonable for the unit. The only exception to this stipulation is Note #3, regarding length of employment. After one month of occupancy, rent may be paid with a personal check. **CASH IS NOT ACCEPTED.**
6. **APPROVAL/DISAPPROVAL OF APPLICATION:** Cournale & Co. and the Applicant should have a comfortable working relationship. Upon receipt of a complete application, a valid picture ID (copy), and a \$35.00 application fee (per adult household member), a rental review will occur.
7. **COSIGNER:** A cosigner may be needed if you don't meet the income requirements or if there are issues in your credit history. A cosigner's gross monthly income should be (3) times the monthly rental amount and should meet the requirements indicated in #3, #4, and #6 above in order to qualify. Cosigner's credit and rental history will also be considered.

Please sign below after signifying that you have read and agreed to the above rental criteria.

Applicant's Signature

Date

Cournale & Co.

APPLICATION FOR ADMISSION

APPLICANT NAME: _____ **PROJECTED MOVE-IN DATE:** _____
DATE OF BIRTH: _____ SOCIAL SECURITY # _____ EMAIL: _____
HOME PHONE #: _____ WORK: _____ CELL #: _____
PETS: _____ IF YES, WHAT TYPE _____

EMPLOYMENT INFORMATION FOR THE LAST 2 YEARS

EMPLOYER: _____ CONTACT PERSON: _____
PHONE & EXTENSION #: _____ FAX #: _____
MAILING ADDRESS: _____ CITY, STATE, ZIP CODE: _____
JOB TITLE: _____ ANNUAL INCOME: _____ EMPLOYED SINCE: _____

PREVIOUS EMPLOYER : _____ CONTACT PERSON: _____
PHONE & EXTENSION #: _____ FAX #: _____
MAILING ADDRESS: _____ CITY, STATE, ZIP CODE: _____
JOB TITLE: _____ ANNUAL INCOME: _____ EMPLOYED SINCE: _____

RENTAL INFORMATION FOR THE PAST 5 YEARS

CURRENT ADDRESS/APT#: _____ CITY, STATE, ZIP: _____
CURRENT LANDLORD: _____ PHONE: _____ FAX: _____
DATE OF MOVE-IN: _____ CURRENT RENT: _____

PREVIOUS ADDRESS/APT#: _____ CITY, STATE, ZIP: _____
PREVIOUS LANDLORD: _____ PHONE: _____ FAX: _____
DATE OF MOVE-IN & MOVE-OUT: _____ RENT AMOUNT: _____

PREVIOUS ADDRESS/APT#: _____ CITY, STATE, ZIP: _____
PREVIOUS LANDLORD: _____ PHONE: _____ FAX: _____
DATE OF MOVE-IN & MOVE-OUT: _____ RENT AMOUNT: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSHOLD MEMEBERS WHO WILL BE LIVING IN THE RESIDENCE (INCLUDING MINORS UNDER 18 YEARS OF AGE)

LAST NAME	FIRST NAME	BIRTHDATE	SOC. SEC. #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

HAVE YOU OR ANYONE YOU PLAN TO HAVE LIVING WITH YOU HAD YOUR RESIDENCY/TENANCY TERMINATED FOR FRAUD, NON-PAYMENT OF RENT OR FAILURE TO COMPLY WITH LEASE PROVISIONS? ____ YES ____ NO IF YES, PLEASE EXPLAIN:

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE?
YES ____ NO ____ IF YES, PLEASE EXPLAIN:

HAVE YOU OR ANYONE YOU PLAN TO HAVE LIVING WITH YOU BEEN CONVICTED OF A FELONY?
YES ____ NO ____ IF YES, PLEASE LIST THE DISPOSITION BEHIND EACH INCIDENT INVOLVING ALL MEMBERS OF THE PROPOSED HOUSEHOLD:

EXPENSES

PLEASE LIST ANY RECURRING EXPENSES, TO INCLUDE CREDIT CARD, CAR PAYMENT, PERSONAL LOANS, LINES OF CREDIT, ETC. ATTACH ADDITIONAL PAGES IF NECESSARY.

TYPE OF EXPENSE	ACCT. #	BALANCE	MO. PMT.
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VEHICLE INFORMATION

Year	Make	Model	Color	License #	Registered Owner
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EMERGENCY CONTACT

Full Name: _____ Relationship to you: _____
Address: _____ City, State, ZIP: _____
Home: _____ Work: _____ Cell #: _____ Email: _____

APPLICANT CERTIFICATIONS

1. I certify that if selected to move into a unit, the unit I occupy will be my primary residence.
2. I certify that the statements made in this application are true and complete to the best of my knowledge and belief.
3. I understand that false statements or information are punishable under federal law and cause for immediate termination of housing.
4. I understand we must provide written notification of any changes to the information on this form, especially address and telephone numbers.
5. I understand that the above information is being collected to determine my eligibility for an apartment. I authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management company.
6. I agree to allow management to perform a consumer credit check, civil and criminal background check and to pay the \$35 processing/Credit Report fee per adult household member. I may request to review copies of these documents. This will be required prior to an application being processed.

SIGNATURE: _____ DATE: _____