



The Parkline

AT 1457 NORTH MAIN STREET

APPLICATION INFORMATION

Each adult must submit a separate application packet and proof of income (for example, four pay stubs or an award letter). Please email all documents to inquiries@theparklinemain.com

A \$100 holding deposit, payable by money order or cashier's check, is required to reserve an apartment home.

A \$20 application fee, payable by money order or cashier's check, is required for each adult applicant.



APPLICATION TO LEASE

Property: _____ Apt#: _____ Date: _____ Leasing Agent: _____

PLEASE PRINT CLEARLY

Last Name	First Name	Middle Name	Date of Birth	SS#
Drivers License #		State		Expiration
Known By Any Other Name(s)?				

RESIDENCE (Last 2 years)

Present Address: <input type="checkbox"/> Rent <input type="checkbox"/> Own Street:			Present Phone#	How Long?	From:
City	State	Zip			Dates To:
To Whom Do You Make Payments?			Reason for leaving		Monthly Payment:
Name:			Phone ()		\$
Previous Address: (if present is less than 3 years) <input type="checkbox"/> Rent <input type="checkbox"/> Own Street:			How Long?	From:	
City	State	Zip		To:	
To Whom Do You Make Payments?			Reason for leaving		Monthly Payment:
Name:			Phone ()		\$
Names of Others Who Will Reside With You (please state age and birthdates of minors)					
Name:		Age:	Birthdate:		
Name:		Age:	Birthdate:		
Name:		Age:	Birthdate:		

SOURCE OF INCOME

Present Occupation or Source of Income (If self-employed, name of business)			Position	How Long?
Business Address: Street:			Phone No:	Yr. Month
City	State	Zip		Gross Income \$
Other Income Source (Name, Address, City, State and Zip)			Phone No:	Per (check one) <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
				Amount \$
				Per (check one) <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

ASSETS (checking accounts, savings accounts, stocks, bonds, etc...)

Name of Source	Address and/or Phone No.	Type of Account	Account Number	Balance/Earnings \$
Name of Source	Address and/or Phone No.	Type of Account	Account Number	Balance/Earnings \$
Name of Source	Address and/or Phone No.	Type of Account	Account Number	Balance/Earnings \$
Have You Ever Filed For Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, County and State Where Filed				Year
Have You Ever Had Any Lawsuits, Liens, Judgements, Repossessions or Evictions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
County and State	If Eviction, Apt., Community Name			Year

IN CASE OF EMERGENCY, NOTIFY:

Name	Relationship	Address	Phone
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VEHICLES

Number of Vehicles in Household? _____	Make _____	Model _____	Year _____	License # _____
	Make _____	Model _____	Year _____	License # _____
Do You Own Any Recreation Vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No Boats _____ Trailers _____ Motorcycle _____ Mobile Homes _____ Camper _____				

Do You Own a Waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, do you carry liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Own a Pet? <input type="checkbox"/> Yes <input type="checkbox"/> No Pet Type _____	Weight _____
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How did you first learn of this apartment community? <input type="checkbox"/> For Rent <input type="checkbox"/> Apartment Guide <input type="checkbox"/> Apartment Locator Service: <input type="checkbox"/> Referred by: Name: _____ <input type="checkbox"/> Newspaper Ad: Paper _____ <input type="checkbox"/> Sign: Location: _____ <input type="checkbox"/> Drive By: Street: _____				
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The applicant hereby represents that the above statements are true, and are made to induce the Owner/Manager to rent him/her an apartment, and the Owner/Manager is authorized to investigate that confirm said statement. Any material false statements made within this application shall be sufficient cause for Owner/Manager to decline to rent to or to cancel or terminate any Rental Agreement made with Applicant. No representations, promises, or agreements as to decorations, alterations, occupancy, or date of possession have been made except as contained herein. Owner/Manager has the right to reject this Application and return the deposit, less the applicable non-refundable Application Processing Fee, at any time prior to signing a Rental Agreement. Applicant shall not acquire any right in or to any premises by reason hereof. I further authorize National Community Renaissance of California or its authorized agent to obtain credit reports, criminal background checks, character reports, verification or rental history and employment history as necessary to verify all information set forth in this application for rental. Furthermore I understand that a 3rdparty company might be reviewing the application package to ensure compliance with any income restricted program. I/we hereby agree to release and hold harmless the National Community Renaissance of California, its agents, servants, and employees from any and all liability, legal proceedings and costs including attorney's fees arising out of either the verification of the information contained on this application form or the release of this information to other parties.

By checking this box I am requesting a copy of my credit report

By initialing here I acknowledge that I have received a copy of California Civil Code §1786.22

Applicants Signature _____ Date _____

Daytime
Phone () _____ Other () _____

Application and Deposit
Received by: _____

Application Approved/
Rejected By: _____



Date: _____ Time: _____

Date: _____ Time: _____

RESIDENT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below, to release without liability, information regarding my/our employment, income, and/or assets to _____
(Property Name)
for purposes of verifying information provided as part of my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including	State Unemployment Agencies	Retirement Systems
Public Housing Agencies)	Social Security Administration	Banks and other Financial
Support and Alimony Providers	Medical and Child Care Providers	Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES

Applicant/Resident	(Print Name)	Date
Co-Applicant/Resident	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



Employment Verification

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

To: (Name and Address of Employer) Date: _____

RE: _____

Applicant/Tenant Name SSN # Unit #

I hereby authorize the release of my employment information:

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee: _____ Job Title: _____

Presently Employed: Yes Date First Employed: _____
 No Last Day Employed: _____

Current Wages/Salary: \$ _____ (check one)

hourly weekly bi-weekly semi-monthly monthly other: _____

Average # of Regular hours per week: _____

YTD \$ _____ From: _____ To: _____

Overtime Rate (per hour) _____ Average # of OT Hours: _____
(per week)

Shift Differential Rate: _____ Average # of SD Hours: \$ _____
(per week)

Employment Verification

Commissions, bonuses, tips, other additional pay: \$ _____ (check one)

hourly weekly bi-weekly semi-monthly monthly other _____

List any anticipated change in the employees rate of pay within the next 12 months (raise):

Amount: _____ Effective Date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Additional Remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

E-mail

Phone

Fax

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.