

Move-in Date:

Unit Number:



A P A R T M E N T H O M E S

4201 JEWETTA AVENUE, BAKERSFIELD, CA 93312

(661) 589-6566 (Office) / (661) 589-6866 (Fax)

RENTAL APPLICATION

EMAIL ADDRESS:

EMAIL ADDRESS:

APPLICANT

LAST NAME FIRST NAME MIDDLE

DATE OF BIRTH

SOCIAL SECURITY #

HOME PHONE #

CELL PHONE #

EMPLOYER

EMPLOYER'S PHONE #

OCCUPATION

MONTHLY INCOME

OTHER MONTHLY INCOME

FROM

DRIVERS LICENSE #

STATE

AUTO MAKE

YEAR

MODEL

LICENSE #

SPOUSE

LAST NAME FIRST NAME MIDDLE

DATE OF BIRTH

SOCIAL SECURITY #

HOME PHONE #

CELL PHONE #

EMPLOYER

EMPLOYER'S PHONE #

OCCUPATION

MONTHLY INCOME

OTHER MONTHLY INCOME

FROM

DRIVERS LICENSE #

STATE

AUTO MAKE

YEAR

MODEL

LICENSE #

CURRENT ADDRESS

STREET ADDRESS APT # CITY STATE ZIP

LANDLORD'S NAME

LANDLORD'S PHONE #

YEARS AT THIS ADDRESS

REASON FOR MOVING

PREVIOUS ADDRESS

STREET ADDRESS APT # CITY STATE ZIP

LANDLORD'S NAME

LANDLORD'S PHONE #

YEARS AT THIS ADDRESS

REASON FOR MOVING

ALL OTHERS WHO WILL LIVE WITH YOU:

NAME AGE RELATIONSHIP NAME AGE RELATIONSHIP

NAME AGE RELATIONSHIP

NAME AGE RELATIONSHIP

SAVINGS ACCOUNT

Yes No

BANK

BRANCH

CHECKING ACCOUNT

Yes No

BANK

BRANCH

HAVE YOU EVER

FILED BANKRUPTCY?

BEEN SUED?

BEEN EVICTED?

EXPLAIN IF "YES" TO ANY OF THE ABOVE:

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME

PHONE #

RELATIONSHIP

I CERTIFY THAT ALL OF THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT, AND I HEREBY AUTHORIZE FULLER APARTMENT HOMES TO VERIFY ANY AND ALL OF THE INFORMATION AND REFERENCES GIVEN, AND TO OBTAIN CREDIT INFORMATION RELATING TO ME. I UNDERSTAND THAT A \$30.00 NON-REFUNDABLE APPLICATION FEE PER ADULT APPLICANT MUST BE PAID PRIOR TO THIS APPLICATION BEING PROCESSED. ONLY ONE FEE APPLIES TO MARRIED COUPLES USING THE SAME LAST NAME.

DATE: _____

SIGNED: _____

DATE: _____

SIGNED: _____

HOW DID YOU HEAR ABOUT US? _____

BY WHOM WERE YOU REFERRED? _____