

RASKIN REAL ESTATE 1300 25th Avenue, Suite 300 San Francisco, CA 94122 415.664.0608 Office * 415.664.2109 Fax

raskinrealestate@gmail.com

Date of Application:			
Property Address:		Unit #:	
City:		State:	Zip Code:
Monthly Rent:	Security Deposit:	Propo	sed Move-in Date:
	APPLICANT IN	NFORMATION	
Name:	DOB:		
	Work Phone:		
E-mail Address:			
	Age(s):		
Bank Name:	Social Security Number:		
Driver License Number and	l Expiration Date:		
Automobile – Make:	Model:	Year:	Lic. Plate:
	RENTAL I	HISTORY	
Current Residence:		City/State:	Zip:
Monthly Rent:	Owner/Landlord Name:		Phone Number:
E-mail:	Dates of residency:		
Reason for moving:			
Previous Residence:		_ City/State:	Zip:
Monthly Rent:	Owner/Landlord Name:		Phone Number:
E-mail:	Dates of residency:		
Reason for moving:			



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EMPLOYMENT INFORMATION

Employer Name:	Position Title:
Address:	Phone:
Length of employment:	Monthly salary:
Supervisor Name:	Supervisor Title:
Phone:	E-mail:
Additional income:	Source:
	QUESTIONS
Have you ever been evicted? YES / NO	If yes, please explain
Have you ever been a defendant in an unl	awful detainer (eviction) lawsuit or defaulted (failed to perform) any obligation
of a rental agreement or lease? YES / NO	If yes, please explain
Have you ever been convicted of a crime?	YES / NO If yes, please explain:
Have you ever filed suit against a landlord	? YES / NO If yes, please explain:
Do you have a water bed, an aquarium or	any other water filled furniture? YES / NO If yes, please list:
Do you have any pets? YES / NO If yes,	Breed: Weight:
Are you a smoker? YES / NO	
execute a standard lease form upon unders Raskin Real Estate is hereby authorized to	ges that this is an application to rent the above premises and an agreement to igned being accepted as a tenant by the owner of the property or his/her agent. obtain needed credit information on the undersigned, and to verify any onally contacting any of the above references.
Applicant signature	Date
Leasing Agent for RASKIN REAL ESTA	TF Date