

RASKIN REAL ESTATE 1300 25th Avenue, Suite 300 San Francisco, CA 94122 415.664.0608

office@raskinrealestate.net

Date of Application:				
Property Address:		Unit #:		
City:		State:	Zip Code:	
Monthly Rent:	Security Deposit:	Prop	osed Move-in Date:	
	APPLICAN	T INFORMATION	N	
Name:		D(OB:	
Mobile Phone:	Work Phone:			
E-mail Address:				
Proposed Occupants:				
	Age(s):			
Bank Name:	Social Security Number:			
Driver License Number and E	xpiration Date:			
Automobile – Make:	Model:	Year:	Lic. Plate:	
	EMPLOYME	NT INFORMATIO	DN	
Employer Name:	Pos	sition Title:		
Address:	Phone:			
Length of employment:		Monthly salary:		
Supervisor Name:		Supervisor Title:		
Phone:	E-mail:			
Additional income:	Sourc	ce:		



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RENTAL HISTORY

Current Residence:	City/State:	Zip:		
Monthly Rent:Ov	wner/Landlord Name: F	Phone Number:		
E-mail:	Dates of residency: _			
Reason for moving:				
Previous Residence:	City/State:	Zip:		
Monthly Rent: Ow	ner/Landlord Name:	Phone Number:		
E-mail:	Dates of residency: _	Dates of residency:		
Reason for moving:				
	QUESTIONS			
Have you ever been evicted? Yi	ES / NO If yes, please explain			
agreement or lease? YES / NO	nt in an unlawful detainer (eviction) lawsuit or defau If yes, please explain		n of a rental	
Have you ever been convicted of	f a crime? YES / NO If yes, please explain:			
Have you ever filed suit against a	a landlord? YES / NO If yes, please explain:			
Do you have a water bed, an aqu	uarium or any other water filled furniture? YES / NO	If yes, please list:		
Do you have any pets? YES / N	O If yes, Breed:	Weight:		
Are you a smoker? YES / NO				
standard lease form upon unders	cknowledges that this is an application to rent the about signed being accepted as a tenant by the owner of the obtain needed credit information on the undersigned any of the above references.	e property or his/her agent. RASKIN F	REAL	
Applicant signature		Date		
Leasing Agent for RASKIN REAL	LESTATE	Date		