

Able Property Management

Application Screening Process Fee - \$40.00 Flat Rate Fee (not per person)

Exact Cash or Money Order ONLY



Bakersfield Office

2129 17th Street Bakersfield, Ca 93301
Office (661) 325-1095 Fax (661) 328-1165
Email: Adriana@ablepm.com
Office Hours: Monday - Friday 9:00 am to 5:00 pm
Saturday 10:00 am to 2:00 pm
Closed on Sunday

Lake Isabella Office

6435 Lake Isabella Blvd. 93240
P.O. Box 2919 Lake Isabella, CA 93240
Office (760) 379-5479 Fax (760) 379-8685
Email: Isabella@ablepm.com
Office Hours: Monday - Friday 9:00am to 5:00 pm
Saturday 9:00 am to 2:00 pm | Closed on Sunday

All key check-outs, viewings, rental agreements, and move-ins are arranged in our office - NO EXCEPTIONS!!
Transactions will never take place outside of our office.

Do not give cash or other funds to anyone outside of our office claiming to be a representative of Able Property Management

Unless otherwise stated, all leases are a 6-month minimum.

DOCUMENTS REQUIRED

- o A PHOTO ID for each applicant over 18 years of age.
- o Three (3) of your most recent check stubs.
- o Verifiable proof of all other sources of income.
(ex: food stamps, court ordered child support and/or alimony, SSI, AFDC, or other)

REQUIREMENTS FOR RENTING AND APPLYING

****CO-SIGNERS are not accepted****

****History of eviction may mean the application is denied****

1. Bakersfield applicant(s) must check out a key to view a vacant property before an application can be submitted. If a property is not yet vacant, you may submit your application without viewing the property. Occupied properties cannot be viewed until after they are vacant.
2. Lake Isabella applicant(s) can view the property by appointment. Call (760) 379-5479 for more details.
3. Applications should be filled out COMPLETELY. Applications are taken on a first-come-first-serve basis. Partial applications will not be accepted.
4. Each person who will reside at the property, 18 years of age or older, must complete and submit an application.
5. MONTHLY INCOME REQUIREMENTS: (can be combined, for multiple applicants)
For a house or mobile home, the income should be at least three (3) times the rent.
For an apartment, the income should be at least two (2) times the rent.
6. Must provide verifiable PROOF OF INCOME.
7. Must show proof of at least 6 MONTHS OF CURRENT EMPLOYMENT.
8. Your RENTAL HISTORY will be verified with your current and prior landlords.
9. If pets are allowed, an increased deposit may be required.
10. UPON APPROVAL, the full deposit is required to hold the property. The property will be held for 10 days. A full month's rent (30 days) and deposit are required prior to move-in and must be paid in the form of a cashier's check or money order. The second (2nd) month's rent is prorated.

Application for Property Address:		Date:	*****For Office Use Only*****	
			Left Voicemail:	Phone Call:
Applicant's FULL NAME:		SSN#	Date of Birth:	
Email Address:		Do you have a checking account?	Do you have any pets?	
Mobile Number:	Home Phone:	How do you plan on paying rent? (Check, Money Order, Electronic Transfer, etc..)	If YES, how many pets do you have?	
Vehicle #1	Make	Model	Color	License Plate #
	Vehicle #2	Make	Model	Color
Name Other Proposed Occupants		Are they a minor? (under 18?)	Relationship to applicant	Name Other Proposed Occupants
				Are they a minor? (under 18?)
1)				Relationship to applicant
2)				
3)				6)


Are you currently being evicted or have you been evicted within the last 7 years? *(If YES, the application may be denied)*

Current Residence		Prior Residence		Prior Residence	
Address					
City, State, Zip					
Rent or Own	How Long?	Rent or Own	How Long?	Rent or Own	How Long?
Monthly Payment or Rent	\$	\$		\$	
Dates of Residency	From To	From To		From To	
Landlord or Mortgage Company	Name: FAMILY?: Yes / No	Name: FAMILY?: Yes / No		Name: FAMILY?: Yes / No	
Must indicate if the landlord is FAMILY?	Phone:	Phone:		Phone:	
Reason for Leaving					

Current		Prior		Prior (optional)	
Employer					
Address					
Phone					
Name of Immediate Supervisor					
Position/Job Title					
Dates of Employment	From To	From To		From To	
Monthly Gross Pay					

In case of an emergency, notify:	Contact Info	Address	Relationship to Applicant
Emergency Contact #1	Name: Phone:		
Emergency Contact #2	Name: Phone:		

*****Able Property Management complies with all state and federal laws*****
 Applicant has read and understands the requirements for renting. The applicant represents that all of the above statements are true and correct. The applicant authorizes Able Property Management the right to verify any and all of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional information on request. The applicant understands that the application may be forfeited if any information stated above is found to be untrue.

	licant has paid a non-refundable screening fee as follows:	\$4.25 to \$15.00....for credit reports by CBCInnovias \$10.00 to \$35.75....for processing
	The applicant understands the foregoing and acknowledges receipt of a copy.	Property address applied for:
		\$40 Fee (flat rate, not per person)

Applicant's Signature: (required)	Date:	Landlord / Agent Signature:	Date:
			CaIBRE Lic #00982861