

A separate application is required for every person 18 years of age or older who will live in the home. · Please complete every section; incomplete applications cannot be processed. · Carroll Realty & Management is an Equal Housing Opportunity provider. We do not discriminate on the basis of race, color, religion, sex, gender identity or expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, veteran or military status, immigration status, primary language, or any other characteristic protected by federal, state, or local law.

01 Property applied for

ADDRESS OF PROPERTY YOU ARE APPLYING FOR *

UNIT / APT #

DESIRED MOVE-IN DATE *

MONTHLY RENT

LEASE TERM DESIRED

HOW DID YOU HEAR ABOUT THIS PROPERTY?

02 Applicant information

FULL LEGAL NAME *

DATE OF BIRTH *

MOBILE PHONE *

EMAIL ADDRESS *

DRIVER'S LICENSE OR STATE ID #

ISSUING STATE

SOCIAL SECURITY # (OR ITIN)

ALTERNATE GOVERNMENT ID (IF NO SSN OR ITIN)

TOTAL OCCUPANTS INCL. YOURSELF *

Your Social Security number or ITIN is used only to verify your identity and obtain a consumer report. If you do not have either, we accept alternate forms of identification — please contact our office and we will work with you.

03 Additional occupants

List everyone who will live in the home other than yourself, including children. Every occupant 18 or older must submit their own application.

FULL NAME

RELATIONSHIP TO APPLICANT

AGE

04 Residence history

Current residence

STREET ADDRESS *	CITY	STATE	ZIP
DATES — FROM	DATES — TO	MONTHLY RENT	REASON FOR LEAVING
LANDLORD OR PROPERTY MANAGER	PHONE	EMAIL	

Previous residence

STREET ADDRESS	CITY	STATE	ZIP
DATES — FROM	DATES — TO	MONTHLY RENT	REASON FOR LEAVING
LANDLORD OR PROPERTY MANAGER	PHONE	EMAIL	

05 Employment & income

Current employment

EMPLOYER *	POSITION / TITLE	SUPERVISOR
EMPLOYER ADDRESS	PHONE	LENGTH OF EMPLOYMENT
GROSS MONTHLY INCOME *	PAY FREQUENCY	START DATE

Previous employment

EMPLOYER	POSITION / TITLE	LENGTH OF EMPLOYMENT
EMPLOYER ADDRESS	PHONE	GROSS MONTHLY INCOME

Other income

SOURCE OF INCOME

GROSS MONTHLY AMOUNT

HOW CAN THIS BE VERIFIED?

California law prohibits housing providers from discriminating based on your source of income, including housing vouchers, subsidies, public assistance, child or spousal support, retirement income, and disability benefits. You are welcome to list any lawful income here.

06 Vehicles

MAKE

MODEL

YEAR

COLOR

LICENSE PLATE

STATE

07 Pets & animals

Will any pets live in the home?

☐ YES☐ NO

TYPE / BREED

WEIGHT

AGE

SPAYED OR NEUTERED

Assistance animals, service animals, and emotional support animals are not pets. They are not subject to pet restrictions, pet rent, or pet deposits, and do not need to be listed above. If you require an assistance animal, please contact our office.

08 Emergency contact

FULL NAME *

RELATIONSHIP

PHONE *

ADDRESS

EMAIL

09 Additional information

Do you plan to use a waterbed or other liquid-filled furniture? (Cal. Civil Code §1940.5) ☐ YES ☐ NO

Have you been a party to an eviction action within the last seven years? ☐ YES ☐ NO

Have you filed for bankruptcy within the last seven years? ☐ YES ☐ NO

Will anyone in the household smoke or vape on the premises? ☐ YES ☐ NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN

10 Certification & authorization

I certify that the information given in this application is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading statement may be grounds for denial of this application or for termination of tenancy if a lease has already been signed.

I authorize Carroll Realty & Management to verify the information provided in this application, including contacting my current and former landlords, employers, and references, and to obtain a consumer report, credit report, criminal background report, and rental history report about me for the purpose of evaluating this application, in accordance with the federal Fair Credit Reporting Act and applicable California law.

I understand that the screening fee is non-refundable except as provided by California Civil Code §1950.6, that I may request a copy of my consumer report, and that if this application is denied I will be told the reason and given the name and contact information of any consumer reporting agency whose report was used in that decision.

APPLICANT SIGNATURE *

PRINTED NAME *

DATE *

OFFICE USE ONLY

DATE RECEIVED

RECEIVED BY

SCREENING FEE PAID

PAYMENT METHOD