## **REALTY CENTER PROPERTY MANAGEMENT**

950 S. BASCOM AVE., SUITE 2004, SAN JOSE, CA 95128-3538 OFFICE: 408-982-3434 FAX: CELL: 408-857-0376 STEVE HANLEIGH, OWNER



RENTAL APPLICATION	
for property at:	

Website: www.rizon.biz E-mail: SteveHanleigh@gmail.com

Notice: All potential renters over 18 must complete a separate Rental Application Form. Please complete in ink.

Notice: All potential ren	ters over 18 mu.	st complete	a separa	te kentai Applici	ution Form. Pie	ase complete in	mk.	
Tell Us About Yourself (use addit	ional sheets if	necessary)						
PLEASE LIST YOUR FULL NAME AS IT APPEARS		O - Your photo I	ID must be p		at time of applicati	on.		
FIRST NAME	MIDDLE NAME			LAST NAME				
SOCIAL SECURITY OR INDIVIDUAL TAXPAYER ID #	DRIVER'S LICENSE OR OTHER GOV'T ISSUED PHOTO ID #			TYPE OF ID	ISSUING STATE			
DATE OF BIRTH	OTHER NAMES USED IN LAST TE	EN YEARS		E-MAIL ADDRESS (REQUIRED)*				
PRESENT ADDRESS	NT ADDRESS					WORK PHONE NUMBER		
CITY	STATE ZIP HOME PHONE				CELL PHONE NUMBER (REQUIRED)*			
HOW LONG AT THIS ADDRESS? MOVE IN DATE:	MONTHLTY PAYMENT ANTICIPATED MOVE OUT DATE				REASON FOR MOVE			
LANDLORD OR AGENT				PHONE				
LIST ALL OTHER PERSONS, INCLUDING SPOUS	SES, TO OCCUPY THE	PREMISES, INC	CLUDING DA	<u>l</u> TE OF BIRTH (if 18 ye	ears or older, must f	ill out application as	an applicant).	
NAME DATE OF BIRTH	NAME DATE OF BIRTH			NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	
RELATIONSHIP	RELATIONSHIP			RELATIONSHIP		RELATIONSHIP		
CURRENT RESIDENCE HISTORY Paid on time?	YN Anv NSF? YN	N Problems Y	N Verified	l bv:		Title Date		
	•				HOME TICTUDENT			
PREVIOUS ADDRESS (If within 3 years) Is previous residence Address:	CITY	WN HOME L	RENTED AP	STATE LI FAMILY	HOME TILDENI	ZIP CODE		
IF RENTING OR OWNED: LANDLORD/APARTMENT COMPLEX/ MORTGAGE	E COMPANY							
STREET ADDRESS OF LANDLORD/APARTMENT COMPLEX/ MORTGAGE CO	MPANY				COUNTY WHERE RESIDENCE LC	DCATED		
CITY	STATE			ZIP CODE		TELEPHONE NUMBER		
MONTHLY PAYMENT	MOVE IN DATE	MOVE OUT DATE		REASON FOR LEAVING				
			al las su		Tial -	D		
RESIDENCE HISTORY Paid on time? Y N Any PREVIOUS ADDRESS (If within 3 years) I:				MENT I FAMILY HOM	Title		ate	
PROPERTY ADDRESS:	(check one) I own	LED HOME II ME		VIEW E TANKET HOW	<u> </u>	20116 11 01111111		
F RENTING OR OWNED: LANDLORD/APARTMENT COMPLEX/ MORTGAGE	E COMPANY							
STREET ADDRESS OF LANDLORD/APARTMENT COMPLEX/ MORTGAGE CO	MPANY				COUNTY WHERE RESIDENCE LO	DCATED		
CITY	STATE			ZIP CODE		TELEPHONE NUMBER	T	
MONTHLY PAYMENT	MOVE IN DATE MOVE OUT DATE			REASON FOR LEAVING				
RESIDENCE HISTORY Paid on time? Y N Any	NSF? YN Problen	l ns Y N Verifie	d bv:		Title	: [	Date	
CURRENT EMPLOYER/COMPANY NAME	ION (Check One) ☐ Employed full time ☐ Emplo			/ed part time □ Studer MONTHLY GROSS INCOME	nt 🗆 Retired 🗀 I	Not Employed  MONTHLY HOUSEHOLD GROSS INCOME		
ADDRESS	CITY			STATE & ZIP				
IOB TITLE	SUPERVISOR'S NAME				SUPERVISOR'S PHONE NUMBE	R		
NCOME VERIFICATION: Position:	Income:	Verified by:		Titl	eDate:			
FORMER EMPLOYER/COMPANY NAME (IF LESS THAN 3 YEARS AT CURREN		DATE EMPLOYED		MONTHLY GROSS INCOME				
ADDRESS	CITY			STATE & ZIP				
IOB TITLE	SUPERVISOR'S NAME				SUPERVISOR'S PHONE NUMBE	R		
NCOME VERIFICATION: Position:	Income: Verified by:			Titl				
If there are other sources of income			r nlease			alimony child su	nnort or	
spouse's annual income unless you v	-				nave to reveal	animony, crina sa	рроггог	
OTHER SOURCE OF VERIFIABLE INCOME	PROVIDER'S NAME			PROVIDER'S PHONE NUMBER				
NCOME VERIFICATION: Position:	Income:	Verified by:		Date:				
OTHER SOURCE OF VERIFIABLE INCOME	PROVIDER'S NAME				PROVIDER'S PHONE NUMBER			
NCOME VERIFICATION: Position:	Income:	Verified by:		Titl	e Date:			

PLEASE LIST YOUR BANK AND CREDIT REFERENCES									
YOUR BANK(S)	City-State / Branch		ACCOUNT #		CURRENT BALANCE TELEPHO		E NUMBER		
1									
2									
YOUR CURRENT CREDITORS	ADDRESS		PHONE NUMBER		CURRENT BALANCI MONTHLY PYMT A		MT AMOUNT		
1									
2									
3									
4									
5									
6									
PLEASE LIST YOUR MOTOR VEH	HICLES (i	ncludin	g cars, trucks	, boats, mo	torcycles, compa	ny cars/trucks if pe	ermitted at propert	:y):	
1 MAKE & MODEL			YEAR		COLOR	LICENSE PLATE #		STATE	
2 MAKE & MODEL	YEAR			COLOR	LICENSE PLATE #		STATE		
PLEASE LIST YOUR ANIMALS (A	NIMALS	REQ	UIRE PRIC	R CONS	ENT)				
ТҮРЕ	BREED		AGE	WEIGHT	NAME	LICENSE #			
ТҮРЕ	BREED		AGE	WEIGHT	NAME		LICENSE #		
PERSONS TO NOTIFY IN CASE OF EMERGENCY, DEATH OR INCAPACITY** (Cannot be some who intends to reside in premises.)									
NAME	RELATIONSHIP			CELL PHONE			ALTERNATE PHONE	TERNATE PHONE	
ADDRESS	СІТУ			STATE	ZIP				
NAME	RELATIONSHIP			CELL PHONE	ALTERNATE PHONE				
ADDRESS	CITY			STATE		ZIP			
HAVE YOU OR YOUR CO-APPLICANT EVER:  Been sued for non-payment of rent? □ Yes □ No									
Been evicted or asked to move out? □ Yes □ N Broken a Rental Agreement or Lease? □ Yes □ No									
Been sued for damage to a rental property?   Yes   No   Declared Bankruptcy?   Yes   No									
Have you ever been convicted of, or any pending indictment or deferred or withheld adjudication for a felony, selling distributing or									
manufacturing drugs or misdemeanor crime against a person or property?   Yes   No If yes, please explain details or give									
any additional details on any question above that might help evaluate your application on Page 3.									
How did you hear about our Property? ☐ CraigsList ☐ Sign ☐ Friend ☐ Current Tenant ☐ Other:									

## PLEASE READ CAREFULLY AND SIGN BELOW

- \* Email Address & Electronic Signatures. Please provide the email address through which you prefer to receive communications from us. In particular, we may present our lease documents to you for signature electronically. If we do so, you will receive an email with a link your lease. You can review the lease on your own time, print out and sign and return to complete the process within three (3) days of receipt.
- \*\* Authorization for Providing Access in the Event of Emergency, Death or Incapacity. If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person(s), he/she/they may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person(s) you named.
- \*\*\* Holding Deposit Agreement. You understand that the holding deposit is NOT a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the apartment/premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligated us to execute a lease or to deliver possession of the premises to you.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that you election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to

other potential tenants. We both agree that the forfeiture of the holding deposit, in such instance, is not a penalty, but represents a fair and reasonable estimate of the costs that we will incur a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (I) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other feeds and charges required under the lease. If there is inconsistency between there terms of this application and the signed lease, the terms of the lease will control.

I am making this application for the purposes of obtaining the unit described above and do authorize and consent for Rizon, Inc. (Realty Center) or it's employees/agents or Lessor to investigate and verify information herein provided by me through credit agencies, banks, prior landlords/agencies, employers, etc. as stated on this application. I agree to notify management of any change in this information during the application process or residency if accepted. I understand that if I lease this unit, the Lessor shall have a continuing right to review my credit information, payment history, occupancy history and other information in this Application for purposes related to my lease and/or for account review or improvement of application methods.

I hereby release and hold harmless Rizon, Inc. (Realty Center), Lessor, Owner and their employees/agents and all officers/trustees from any and all liability, legal proceedings and costs including attorneys fees, arising out of the verification and/or use of the information contained in this application, including release of information to parties herein listed or credit agencies. If I am applying with a co-applicant, I authorize Lessor to release any and all information related to my application for residency (including my application form, my credit report, and any notice of adverse action related to these items), to my co-applicants.

I warrant that the above information, to the best of my knowledge, is complete, true and correct as of the date this application and agree to notify Lessor if any of the information provided in this application changes during the application process or during my tenancy. If any information provided by me is determined to be false, such false statements will be grounds for disapproval of my application or termination of my lease with Lessor. I also understand that Lessor will retain this application, along with any other information provided by me, whether or not this application is accepted.

A non-refundable Application Screening Fee of \$35.00 is required from each Applicant to process this application and to check the information provided. A separate application to rent must be signed and submitted by each proposed occupant over the age of 18 years of age before this application will be considered by Lessor/Landlord.

Signature of Applicant:	Date of signature:	Date of signature:				
	OPPTIONAL INFORMATION					
-						

Access and submit your free credit report at http://www.annualcreditreport.com

## **CREDIT INFORMATION**

Please submit your own credit report that has been checked within the last two-weeks of your application submission date. Please print out, with FICO score, and send with the three (3) page application.

Under federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year.

To order your free annual credit report -

By Telephone: Call toll-free: 1-800-322-8228
On the web: Visit <a href="https://www.annualcreditreport.com">www.annualcreditreport.com</a>

By Mail: Mail your completed Annual Credit Report Request Form (which you can obtain from the

Federal Trade Commission's website at

http://www.ftc.gove/bcp/conline/include/requestformfinal.pdf to:

**Annual Credit Report Request Service** 

P O Box 105281

Atlanta, CA 30348-5281

For more information about credit reports and your rights under federal law, visit the Consumer Financial protection Bureau's website at <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a>.