

Strombeck Properties

TENANT APPLICATION FORM:

Brookside, Meadowbrook, Parkway, Woodridge, & Hidden Grove Apartments

Phone: 707-822-4557 Fax: 707-822-4525

\$40.00 application fee. Each person over the age of 18 who will be residing in (or co-signing for) the unit is to fill out their own separate application form and each pay the non-refundable \$40.00 fee. All applications are to be dropped off at 960 South G St, Arcata CA 95521 or mailed to PO Box 37 Eureka, CA 95502. You can also submit your application via fax or as an email attachment to: applications@strombeckproperties.com. **Please include a copy of your photo ID (state ID or driver's license preferred).**

Requested Apt Size (circle one): Studio 1bed 2bed 3bed 4bed

APPLICANT

Applicant Name: _____

LAST

FIRST

M.I.

Social Security #: _____ Date of Birth: ____/____/____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Driver's License #: _____ State Licensed: _____

Vehicle License #: _____ Vehicle Description: _____

ADDITIONAL OCCUPANTS (LIST EVERYONE WHO WILL LIVE WITH YOU):

Full Name: _____ Relationship: _____ Age: ____ Occupation: _____

Full Name: _____ Relationship: _____ Age: ____ Occupation: _____

Full Name: _____ Relationship: _____ Age: ____ Occupation: _____

Full Name: _____ Relationship: _____ Age: ____ Occupation: _____

RENTAL HISTORY

Current Address: _____ City: _____ State/Zip: _____

Landlord/Manager: _____ Phone: (____) _____

Dates Occupied: _____

Previous Address: _____ City: _____ State/Zip: _____

Landlord/Manager: _____ Phone: (____) _____

Dates Occupied: _____

EMPLOYMENT HISTORY

Current Occupation: _____ Employer: _____

Address: _____ City: _____ State/Zip: _____

Supervisor's Name: _____ Supervisor's Phone: (____) _____

Length of Employment: _____ Est. Annual Income: \$ _____

HOUSEHOLD INCOME INFORMATION

1. Your Gross Monthly Income (Before Deductions): _____ \$ _____

2. Average Monthly Amounts of other Income (Specify Sources)

a. Are you receiving AFDC/Public Assistance? YES__ NO__ \$ _____

b. Are you receiving Unemployment? YES__ NO__ \$ _____

c. Are you receiving Food Stamps? YES__ NO__ \$ _____

d. Are you receiving Child Support? YES__ NO__ \$ _____

3. Other (spouse, etc...) _____ \$ _____

4. Total Monthly Household Income (Sum of lines 1, 2 & 3) \$ _____

STUDENT INCOME INFORMATION

- 1. Are you receiving Financial Aid? YES__ NO__ \$_____
 - Per month, year or semester? _____
- 2. Are you receiving any Grants? YES__ NO__ \$_____
 - Per month, year or semester? _____
- 3. Are you receiving money from your parents? YES__ NO__ \$_____
 - Per month, year or semester? _____
- 4. **Total Monthly Student Income (Sum of lines 1, 2 & 3)** \$_____

MISCELLANEOUS

- Do you have or intend to have liquid furniture? YES __ NO __
 - Fish tanks, water beds... etc. _____
- Do you have any animals? YES __ NO __
 - Dog, cat, snake, etc. _____
- Do you smoke? YES __ NO __
 - Inside or outside? _____
- Have you or anyone who will reside with you in the complex, ever been convicted of a felony? YES __ NO __
- If yes, please explain: _____

- Have you ever:
 - Filed for bankruptcy? YES __ NO__
 - Been sued? YES __ NO__
 - Been evicted? YES __ NO__

If you answered yes to any of the above, please explain: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
 Address: _____ City: _____ State/Zip: _____
 Phone: (____) _____

ALTERNATE EMERGENCY CONTACT

Name: _____ Relationship: _____
 Address: _____ City: _____ State/Zip: _____
 Phone: (____) _____

I CERTIFY THAT ALL INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND UNDERSTAND THAT MY LEASE OR RENTAL AGREEMENT MAY BE TERMINATED IF ANY MISREPRESENTATION IS FOUND IN THIS APPLICATION. I AUTHORIZE VERIFICATION OF ANY GIVEN INFORMATION AND REFERENCES PROVIDED IN THIS APPLICATION. I UNDERSTAND THIS APPLICATION WILL BE RETAINED FOR THREE MONTHS, REGARDLESS OF APPROVAL. IN ADDITION TO ALL SUMS DUE PRIOR TO OCCUPANCY, I AGREE TO PAY A **NON-REFUNDABLE FEE OF \$40.00, WHICH SHALL BE USED TO OBTAIN A REPORT OF MY CREDIT FROM A CREDIT REPORTING AGENCY.**

Signature: _____ Date: ____/____/____