



1230 Brickyard Cove Rd.
 Point Richmond, CA. 94801
 Phone: (510) 237-3908 EXT.105
 Fax: (510) 292-4732

! PLEASE PRINT ONLY !

RENTAL APPLICATION

(1 form per Adult)

*Address Desired _____ Rent currently paying _____ Number of
 Bedrooms _____ *Move in Date _____ *Number of Tenants _____ *Pets? _____ If yes, what type _____

PRINT ONLY -Name: Last _____ First _____ M.I. _____

***Social Security # _____ - _____ - _____ *Birth date: ____/____/____ *Driver's License # _____**
(landlords/management require photocopies of all of Driver's Licenses/Identification cards so that they can verify that the people signing the lease are the people living in property)

Home Ph: _____ Cell: _____ *E-mail _____

*Present Address _____ City _____ State _____ Zip _____ Length rented _____

Present Landlord _____ Phone# _____

*Previous Address _____ City _____ State _____ Zip _____ Length rented _____

Previous Landlord _____ Phone# _____

*Present Employer _____ Address _____

Direct Employers # _____ How long _____ Supervisor _____

Present Income _____ Position _____

*Previous Employer _____ Address _____

Direct number _____ How long _____ Supervisor _____

If not Employed, how will the rent be paid? _____

Reason for moving? _____

Additional Occupants	Relationship	Age	Occupation
1.			
2.			
3.			

- 1.
- 2.
- 3.

Have you ever been evicted? _____ Filed for Bankruptcy _____ Do you smoke? Y/N _____

Do you have musical instruments? Y/N _____ Person to notify in case of emergency _____

Relationship _____ Ph# _____ Name of your Bank _____

***List all vehicles you own:**

Make _____	Model _____	Plate# _____
Make _____	Model _____	Plate# _____
Make _____	Model _____	Plate# _____

Applicant represents that the above statement are true and correct, and hereby authorizes verification of references to be released, and **agrees to pay \$25.00 non-refundable credit fee to FMI INC. per adult.** "I give permission to obtain my credit report"

Signature _____ Date _____