

Blackbrook Associates
Donna J. Schwarzbach, Broker

P O Box 175 (mail only)
 10090 Hwy 9 Suite 3A (office)
 Ben Lomond, Ca. 95005
 831-336-5436 Fax:831-336-3735
 dschwarzba@aol.com
 Blackbrookassociates.com

DRE#00364150

Rental Application

FOR OFFICE USE ONLY	
DATE	_____
PROPERTY	_____
APT. NO.	RENT \$ _____
AGENT	_____

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.

Date of Application _____ Desired Date of Occupancy _____
 Type and Size of Apartment Wanted (No. of Bedrooms, etc.) _____

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Driver's License No. / State _____

E-mail Address _____

CO-APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Driver's License No. / State _____ Relationship _____

E-mail Address _____

Full Names of All Other Residents:	Relationship to You	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

How Many Pets Do You or Other Occupants Own? _____

Kind of Pet, Breed, Weight and Age _____

How Did You Hear About Our Property? _____

RESIDENCE HISTORY

PRESENT ADDRESS _____

Present Telephone _____ Dates From _____ To _____

Present Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____

Dates From _____ To _____

Previous Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

PREVIOUS EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____

CO-APPLICANT'S EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH _____ Telephone _____

Checking Acct. No. _____ Savings Acct. No. _____

Loan Acct. No. _____ Monthly Payment \$ _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

OTHER REFERENCE _____

Address _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____

Make/Model _____ Year _____ Color _____ Tag No./State _____

Make/Model _____ Year _____ Color _____ Tag No./State _____

Other Car, Motorcycle, etc. _____

Total Gross Monthly Household Income \$ _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone _____

Amount \$ _____ Per _____ Source _____ Telephone _____

Comments: _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No

Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

In Case of Personal Emergency, Notify: _____ Relationship _____

Address _____ Home Phone _____ Work Phone _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE _____

CO-APPLICANT _____

DATE SIGNED _____

FOR OFFICE USE ONLY — DO NOT WRITE BELOW

Date Application Received _____ Received By _____

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Previous Employ.	
<input type="checkbox"/> Co-Applicant Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit (1)	
<input type="checkbox"/> Credit (2)	
<input type="checkbox"/> Credit (3)	
<input type="checkbox"/> Other	

RECORD OF PAYMENTS RECEIVED		
Date	Description	Amount

THIS APPLICATION: Approved Not Approved

Date _____

By _____

Assigned to Apt. No. _____ Rent \$ _____

Apartment Address _____

Applicant Notified By _____

Anticipated Move-In Date _____

Blackbrook Associates

Donna J. Schwarzbach, Broker DRE#00364150
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831-336-3735-Fax
Dschwarzba@aol.com

Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Employment Verification Request to the Agent listed above. I hereby acknowledge that the Agent can make copies of this executed page in order to obtain the information requested.

Name: _____ : Phone number: _____

Signature: _____ Date: _____

INFORMATION BELOW TO BE VERIFIED BY EMPLOYER OR H.R. DEPARTMENT ONLY

EMPLOYMENT VERIFICATION

The following employee(s) have made application for rental of a property we manage, please verify the following information: **EMPLOYEE AUTHORIZATION FOR RELEASE OF INFORMATION, ABOVE**

Employees Name: _____

(Last 4 digits of SS#) _____ Date of Birth: _____

Length of Employment: _____ (please Verify Date) _____ :

Employee's Wage \$ _____ per month (as stated by employee) ___ Yes ___ No (Check one)

Full Time _____ Part Time _____ (check one)

Does your company have any immediate plans to relocate this employee, or terminate employee during the next 12 month period: _____ Yes _____ No. If yes please explain below. _____

Print Name of Verify Party-

Verifying Party's Company Title, Signature and date

PLEASE COMPLETE THIS FORM, SIGN AND RETURN BY FAX TO: 831-336-3735 or mail to the address indicated above. Attn: DONNA J. SCHWARZBACH, MANAGER

Thank you for your cooperation

Sincerely,

Donna J. Schwarzbach

Blackbrook Associates

Donna J. Schwarzbach, Broker-DRE#00364150
P O Box 175- 10090 Suite 3A Highway 9
Ben Lomond, Ca. 95005 (831)

RENTAL APPLICANT REFERENCE FORM

This form is used to obtain information regarding the rental history of Applicants for rental housing. The information Provided by the current or former Owner I Agent may be used solely for the purpose of evaluating the application for rental housing. The Owner I Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicants signature is provided in SECTION 1. Copies of this form and The Resident's signature is acceptable. The Applicant may be contacted, to verify the authenticity of this request.

1. Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Rental Applicant Reference Request to the Owner-Agent listed Below in Section 2. I Hereby acknowledge that the OwnerI Agent can make copies of this executed page in Order to obtain the information requested.

Phone#: _____

Signature of Applicant and Date _____:

2. Person requesting the rental reference BLACKBROOK ASSOCIATES Donna J. Schwarzbach, Broker Management Address P O Box 175 - 10090 Suite 3A Highway 9. Ben Lomond. Ca. 95005 Phone number (831) 336-5436 Fax number (831) 336-3735

3. RESIDENCE HISTORY:

Rental reference information provided by current Owner/Management

OWNER OR AGENT NAME _____ | Phone number () _____ Fax number () _____

Address of rental & Unit # _____

Move-in date: _____ Move-out date: _____ () Or current resident.

Did Applicant live at your property during the period indicated above? () Yes () No

If no, what were the dates of occupancy, From (month/year): _____ To _____ (month / year):

How many times during the past 12 months did Applicant pay the rent late? () None () 1 () 2 () 3 () 4 () 5 or More.

Was any check from Applicant returned due to non-sufficient funds (NSF)? () Yes () No

Did you ever file for an unlawful detainer against Applicant for unpaid rent? () Yes () No

If yes, what was the result? _____

Does Applicant owe any amount for delinquent rent, utilities or damage to unit? () Yes. () No

Did Applicant provide notice for ending tenancy according to the terms of the rental agreement? () Yes

() No () Not applicable because Applicant still resides at unit

Did you ever serve a Three Day Notice to Applicant -. () Yes () No

If yes, please explain: _____

Information provided by - Name _____

Phone number () _____ information obtained by: () Phone () Mail () Fax () Email

Rental reference information provided by former Owner/Management

OWNER OR AGENT NAME _____ | _____

Phone number () _____ Fax number () _____

Address of rental & Unit # _____

Move-in date: _____ Move-out date: _____ () Or current resident.

Did Applicant live at your property during the period indicated above? () Yes () No

If no, what were the dates of occupancy, From (month/year): _____ To _____ (month / year):

How many times during the past 12 months did Applicant pay the rent late? () None () 1 () 2 () 3 () 4 () 5 or More.

Was any check from Applicant returned due to non-sufficient funds (NSF)? () Yes () No

Did you ever file for an unlawful detainer against Applicant for unpaid rent? () Yes () No

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Did Applicant provide notice for ending tenancy according to the terms of the rental agreement? () Yes

() No () Not applicable because Applicant still resides at unit

Did you ever serve a Three Day Notice to Applicant -. () Yes () No

If yes, please explain: _____

Information provided by: Name _____ Phone number () _____ information

obtained by: () Phone () Mail () Fax () Email

Please mail or fax this form to 831-336-3735 within the next 24 to 48 hours.