

# CASTLE KEEPERS, INC.

1110 California Blvd., Suite "C"  
San Luis Obispo, CA 93401  
805-543-9138 or fax 805-543-9145

## APPLICATION TO RENT

Applications must be completely filled out and signed. We reserve the right to refuse to process any application that is not filled out completely. One application must be filled out for each adult age 18 or older.

Address of Rental(s) \_\_\_\_\_

Applicant Full Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Email address \_\_\_\_\_

SS# \_\_\_\_\_ BirthDate / / Drivers License# \_\_\_\_\_

Names of all proposed Occupants (list those other than yourself) \_\_\_\_\_

### Vehicle Information

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License# \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License# \_\_\_\_\_ Color \_\_\_\_\_

Do you have Pets? (# & Type) \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Dates/From \_\_\_\_\_ to \_\_\_\_\_ Reason for moving/current rent \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Dates/From \_\_\_\_\_ to \_\_\_\_\_ Reason for moving/rent paid \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Dates/From \_\_\_\_\_ to \_\_\_\_\_ Reason for moving/rent paid \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Present Occupation or Source of Income \_\_\_\_\_

Employer \_\_\_\_\_ How Long? \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Current monthly income \$ \_\_\_\_\_ Job Title \_\_\_\_\_

Have you ever been evicted or received a "3 Day Notice to Pay Rent or Quit"? No  Yes

Have you ever filed for Bankruptcy No  Yes

Have you ever had an account placed "in collection" for failure to make payment? No  Yes

Do you plan to sublet any of the property during any of the lease term? No  Yes

Do you or any proposed occupant(s) smoke inside or out? No  Yes

Do you own liquid-filled furniture (e.g., waterbed, aquarium)? No  Yes

Have any of the properties you resided in received a *Disturbance Advisement Card* From SNAP Citation, or Enforcement Action during your tenancy? No  Yes

PLEASE COMPLETE REVERSE SIDE

**PERSONAL CHARACTER REFERENCES - *NOT listed on previous page and DO NOT LIST relatives, friends or family friends*** (i.e., previous employer, professor, teacher, mentor, coach, etc..) List name, phone number and your relationship to each reference.

<i>Name</i>	<i>Phone # OR email</i>	<i>Relationship</i>
1. _____		
2. _____		
3. _____		

**If receive parental support and/or financial aid:**

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Amount of support received: \$ \_\_\_\_\_ Financial aid received: \$ \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant represents the above information to be true, accurate and complete and hereby authorize verification of the information provided, including but not limited to obtaining a credit report. Applicant understands that any misrepresentation of the above information will void this application or related agreements.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

**\*\*\*If your application is approved the Security Deposit (1 ½ times one month rent) will be required within 24-48 hrs to hold the rental. The Security Deposit and First Rent Due are required to be paid in the form of “guaranteed funds” (a cashier’s check or money order). Future rents may be paid with ONE personal check each month.**

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**RECEIPT FOR SCREENING FEE**

**THIS SECTION TO BE COMPLETED BY AGENT, LANDLORD OR MANAGER**

Applicant has paid a screening fee of \$20.00, applied as follows: \$ 9.60 for credit report(s), and \$10.40 for processing.

The screening fee is evidenced by:

Personal Check, Cash  or  other \_\_\_\_\_, payable to \_\_\_\_\_ Castle Keepers, Inc. \_\_\_\_\_

The undersigned has read the foregoing and acknowledge(s) receipt of a copy.

Applicant \_\_\_\_\_

Date \_\_\_\_\_