

RENTAL APPLICATION

One per Adult Applicant

Applications will only be processed upon receipt of an executed Offer to Rent, Holding Deposit & a \$40 Screening Fee.

PREMIUM PROPERTIES
2941 TELEGRAPH AVENUE
BERKELEY, CA 94705
510.594.0794 OFFICE
510.594.3140 FAX
WWW.PREMIUMPD.COM
CA DRE LICENSE #01886322
REAL ESTATE SERVICES
INVESTMENTS • PROPERTY MANAGEMENT
LEASING • DEVELOPMENT • SALES & BROKERAGE

Property Address:

Unit #:

Co-Applicant's Last Name(s):

How did you hear about this rental?

Background Information

Cosigner Support Yes No

Applicant's Legal Name:

Nickname:

Social Security #:

Date of Birth:

Do you have a freeze on your Equifax credit report? Yes No

If Yes, call (888) 298-0045 to temporarily lift it.

Photo ID/Type:

Number:

Issuing Government:

Cell #:

E-mail Address:

Children Name(s):

Date(s) of Birth:

Pets: Yes No Type of Pets:

Student: Undergrad Grad Institution: UC Berkeley or Other:

Major: Year Graduating (Est.):

Have you ever been evicted or filed for bankruptcy? Yes No

If yes, please explain

Name of Cosigner:

Cosigner Email:

Cosigner Relationship:

Cosigner Cell:

Tenancy History (List All Addresses for the Past 4 Years, including Parent's Home, Dorms & Foreign Addresses)

Present Address: Apt. #: From: To:
City: State/Country: Zip Code:
Type: Rental Owned Home Dorm/Coop/Greek Roommates **Not** On Lease

Owner/Lender Name: Monthly Rent/Payment: \$

Owner/Agent Phone #: Owner/Agent Email:

Previous Address: Apt. #: From: To:
City: State/Country: Zip Code:
Type: Rental Owned Home Dorm/Coop/Greek Roommates **Not** On Lease

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Owner/Lender Name: Monthly Rent/Payment: \$
 Owner/Agent Phone #: Owner/Agent Email:

* Have you listed all address where you have lived for the past 4 years? Yes No

Income & Employment Information

(Include Verification, i.e. Recent Paystub, or if self-employed 1st 2 pages of your Tax Return.)

Type: Employed Self-Employed Retired Seeking Employment Full- Time Student
 Employer: From: To:

Address: Phone #:
 City: State: Zip Code:
 Position: **Gross** Salary (Mo.): \$

Other Income: *(Include proof, i.e., Financial Aid, Statements, etc.)*

Cosigner Support Financial Aid Student Loans Rental Income
 Social Security Amount (Mo.): \$

Liquidity& Savings Information

*(Include Recent Statement, **if** needed to qualify)*

Bank: Balance: \$
 Brokerage: Balance: \$
 Other: Balance: \$

Automobile & Motorcycle Information

Car Cycle Make/Model: Year: Color:
 License Plate #: State of Registry:
 Will you be needing a parking space? Yes No



Personal Information (Cannot be your co-applicant/roommate)

In Case of Emergency, Notify:

Relationship:

Address:

City:

State/Country:

Phone #:

Email address:

Personal Reference:

Phone #:

Applicant recognizes that this application for a rental unit is subject to acceptance or rejection. Applicant hereby states that the information set forth above is true & correct, authorizes verification of the above items & agrees to furnish additional credit references & other documentation by the next business day upon request. Applicant authorizes Owner/Agent to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history & employment history. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent rental housing providers. Finally, Applicant consents to receive communications on Applicant's mobile phone (text message) & acknowledges that standard rates from the carrier may apply.

Applicant Signature:

Date:

YOUR IDENTITY MUST BE VERIFIED!

**Please attach a picture (.jpg format) of a valid government issued ID,
or if a student, attach a picture of your current school term ID**

APPLICANT DISCLOSURES

Applicant recognizes & acknowledges receipt of the following disclosures, rights & restrictions under Federal, State & Local law:

- Pursuant to California law, you have tenant screening fee rights, including the right to a copy of your consumer credit report if one is obtained with your screening fee, a refund of any unused portion of the fee & a receipt of the costs of the screening. This applies protection for the applicant for any payment, including but not limited to fees, deposit or charge. Owner/Agent may claim fees, deposit or charge only for those amounts as are reasonably necessary for the purposes specified by the subdivision. Applicant acknowledges that the Screening Fee is charged to reimburse Owner/Agent for the actual costs related to screening an applicant, which includes obtaining a credit report, unlawful detainer search, & other screening reports (Cost: \$9.45) & processing & verifying screening information (Cost: ½ hour @ \$80/hour). Any fees, deposit or charge shall be held by Owner/Agent for the resident who is party to the lease agreement. **For more information about your rights, please click on the following link:** https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=CIV§ionNum=1950.6
- Upon acceptance Applicant will be required to sign a rental agreement prohibiting smoking (including vaping) of tobacco, cannabis & other items in & around the property. In 2014, the city of Berkeley enacted BMC 12.70 Smoking Pollution Control which prohibits smoking in multifamily buildings & provides enforcement per Sections 12.70.035 & 12.70.037.
- Owner/Agent intends to request an investigative consumer report regarding the Applicant's character, general reputation, personal characteristics & mode of living. Under California Investigative Consumer Reporting Agencies Act, Section 1786.22 of the California Civil Code, the files maintained on Applicant by Premium Properties, the Investigative Consumer Reporting Agency shall be made available to Applicant during business hours & on reasonable notice, provided Applicant furnishes proper identification, as follows: (1) Applicant may appear at Premium Properties in person; (2) Applicant may make a written request for copies to be sent by certified mail to a specified address; or (3) Applicant may make a written request for a summary of the file to be provided over the telephone. Premium Properties may charge a fee, not to exceed the actual duplication costs, if Applicant requests a copy of the Applicant's file. Premium Properties is required to have personnel available to explain the file & must explain any coded information appearing in the file. If Applicant appears in person, a person of Applicant's choice may accompany Applicant, provided that this person furnishes proper identification. If Applicant would like a copy of the report(s) that is/are prepared, please select the following link: <http://www.premiumpd.com/pdfs/screeningreportrequest.pdf>
Upon receipt of the Request for Copy of Investigative Consumer Report, Owner/Agent agrees to send the report to Applicant within the later of three (3) business days of receipt by Premium Properties of the written request.
- Premium Properties' official screening policy & selection process is available on our website & upon request.
- Owner/Agent will comply with California Civil Code Section 1786.40 if an adverse action is taken against the Applicant.



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TENANCY VERIFICATION

TO: _____
Landlord or Manager

Email: _____

Please email the completed form to screening@premiumpd.com or fax it to (510) 594-3140.

I/we hereby authorize you to provide the information required below.

Signature of Applicant: _____ Date: _____

Tenancy Verification For: _____
Name of Applicant

Address: _____
(for PPD use only)

1. Monthly Rent Amount: \$ _____
2. Tenancy Period: _____
3. Did he/she/they pay their rent on time? _____
4. Any 3-Day Notices? _____ If yes, how many? _____
5. Any bounced checks? _____ If yes, how many? _____
6. Did he/she/they leave the place in good condition? _____
7. Did he/she/they receive their full security deposit? _____
8. Would you rent to him/her/them again? _____
 If No, please explain why not. _____
9. Did he/she/they have a pet during their tenancy? _____
 If answered Yes, were there any problems with the animal(s)? _____
 If Yes, please explain. _____

Additional Comments: _____

Verified By: _____

 Print Name

 Date