

Rental Application

An individual application is required from each occupant 18 years of age or older.

Community Name:	OFFICE USE:
Apartment Number:	
Monthly Rent:	Other:
Move In Date:	Lease Term:
Date Received:	Date:

PLEASE PRINT

NAME: (First, MI, Last)	Date of Birth:		
Social Security #	Driver License #:	State Issued	
Do you have any pets? If so what kind? Weight?			
<i>Names of other persons who will occupy apartment other than yourself:</i>			
Name:			DOB:
Name:			DOB:
Name:			DOB:
CURRENT ADDRESS:			
Street Address:	City:	State:	Zip:
Home Phone #: ()	How long at this address		
Email Address:	Years:	Months:	From: To:
Landlord Name:	Phone #: ()	Fax #: ()	
Monthly Rent Paid: \$			
PREVIOUS ADDRESS:			
Street Address:	City:	State:	Zip:
Landlord Name:	Phone #: ()	Fax #: ()	
Monthly Rent Paid: \$	How long at this address		
	Years:	Months:	From: To:
CURRENT EMPLOYMENT			
Company Name:			
Address:	City:	State:	Zip:
Position:	Gross Monthly Income:		
Phone #: ()	Fax #: ()	Length of Employment:	
Supervisor's Name:	Phone: ()	Fax #: ()	
Other Income (monthly):	Source:		

If at present employer less than 1 year, please complete the following:

PREVIOUS EMPLOYER
Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Monthly Income: \$ _____

Phone #: _____ Fax #: _____ Length of Employment: _____
() ()

Have you ever filed for bankruptcy? Yes No
Have you ever been evicted or asked to move? Yes No
Have you ever been convicted for selling, distributing or manufacturing illegal drugs? Yes No

AUTOMOBILES

Year	Make/Model	Color	License #
Year	Make/Model	Color	License #

BANKING INFORMATION
Bank Name: _____

Address: _____ Phone #: _____
()

Checking/Savings Account #: _____

Checking/Savings Account #: _____

INSURANCE INFORMATION (A minimum of \$100,000 of Personal Liability Insurance is required during lease term)
Personal Liability Coverage Coverage: _____ Amount: _____
Personal Liability Coverage Coverage: _____ Amount: _____

EMERGENCY CONTACT (other than occupant in your new apartment)
Name: _____ Relationship: _____ Phone #: _____
()

Address: _____ City: _____ State: _____ Zip: _____

Please provide the following to assist us in processing your application: 1. Driver's License, State I.D. Card, or other government-issued photo identification; 2. Proof of Income; 3. Other information requested by your leasing representative. I/We authorize you to obtain an investigative report in connection with this application. I/We also understand the any false, deceptive or absent information will result in the rejection of this application.

Signature: _____ **Date:** _____

Thank you for choosing BRE Properties.

What factors most influenced your decision to choose this community? Please select up to three factors:

- | | | |
|--|--|--|
| <input type="checkbox"/> Apartment Features/Finishes | <input type="checkbox"/> Personal Safety | <input type="checkbox"/> Community Amenities |
| <input type="checkbox"/> Location/Convenience | <input type="checkbox"/> Floor Plans | <input type="checkbox"/> Community Policies |
| <input type="checkbox"/> Staff/Management | <input type="checkbox"/> Rent Amount | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Property Appearance | <input type="checkbox"/> Lease Terms | <input type="checkbox"/> Other: _____ |

Tenant Screening Report Authorization and Notice

As part of BRE Properties, Inc.'s ("Landlord/Agent") screening procedure for residency, Landlord/Agent will obtain the following report(s) about you:

	Nature of Report	Scope of Report
<input checked="" type="checkbox"/>	Eviction report	Records as far back as can be located
<input checked="" type="checkbox"/>	Financial history (other than credit check)	Previous seven years of mortgage information
<input type="checkbox"/>		

The report(s) may contain information about your character, general reputation, personal characteristics and/or mode of living, and will be used, in part, to verify information contained in your application for residency. The report(s) will be obtained from the following company:

*Credit Retriever by Trans Union Rental Screening Solutions
5889 S. Greenwood Plaza Blvd. Suite 201
Englewood, CO 80111*

A summary of consumer rights under the California Investigative Consumer Reporting Agencies Act, California Civil Code §1786.22 is attached¹. Landlord/Agent reserves the right to verify any information provided by you in your application by any other method allowed by law. Landlord/Agent certifies that Landlord/Agent is in compliance with Civil Code §1786.16 and will comply with Civil Code §1786.40 if seeking adverse action is a consideration.

By signing below, you authorize Landlord/Agent to obtain the indicated report(s). Additionally, if you are applying for residency with a co-applicant, you authorize Landlord/Agent to release any and all information related to your application for residency (including your application form, your credit reports, the report(s) indicated above, and any notice of adverse action related to these items), to your co-applicants.

Landlord/Agent will provide you with a copy of your report(s) at your request. Please indicate below whether you want a copy of your report(s) and return this form to the Landlord/Agent leasing agent. If you request a copy of your report(s), they will be sent to you within three business days after Landlord/Agent receives the report(s).

(If checked) Yes, I would like a copy of my report(s). Please provide them to me at the following address: _____

(If checked) No, I do not want a copy of my report(s).

If you do not indicate a preference above, your report(s) will not be sent to you.

Date: _____

Signature: _____

Print Your Name: _____



California Civil Code § 1786.22

¹ The issue as to whether the specified reports fall under the California Investigative Consumer Reporting Agencies Act ("ICRA") is contested and is currently being litigated. Landlord/Agent does not admit or concede that ICRA applies to these reports.

You have a right under California law to inspect files maintained on you by an investigative consumer reporting agency pursuant to any of the following procedures, during normal business hours and on reasonable notice:

- 1) You may personally inspect the files if you provide proper identification (e.g., valid driver's license, social security account number, military identification card, credit cards), and may receive a copy of the file for the actual cost of duplication services provided.
- 2) You may make a written request, by certified mail and with proper identification, as described above, for copies to be sent to a specified addressee.
- 3) You may make a written request, with proper identification as described above, for telephone disclosure of a summary of information contained in your files, if any toll charge is prepaid by or charged directly to you.

If you are unable to provide "proper identification" through the types of cards or numbers listed above, the agency may require additional information concerning your employment and personal or family history in order to verify your identity.

The agency must provide trained personnel to explain to you any information that the agency is required to furnish to you from your file. The agency also must provide you with a written explanation of any coded information contained in your files at the time your file is provided to you for inspection. You are permitted by law to be accompanied by one other person of your choosing when inspecting your files. That person must furnish reasonable identification. The agency may require you to provide the agency with a written statement granting permission to the agency to discuss your file in such person's presence. The agency also is not required by law to make available to you the sources of information in your files, although such information would be obtainable through discovery procedures in any court action brought under the Investigative Consumer Reporting Agencies Act.