

APPLICATION TO RENT

EACH INDIVIDUAL APPLICANT WHO IS RESPONSIBLE FOR RENT PAYMENT
MUST COMPLETE A SEPARATE APPLICATION FORM
 (CA RESIDENTS 18 YEARS OR OLDER APPLY)
 NON-REFUNDABLE PROCESSING FEE OF
\$40 PER APPLICANT



PROPERTIES

399 IMPERIAL WAY, UNIT 1 DALY CITY, CA 94015
 OFFICE: (650) 994-0300 | FAX: (650) 994-1627
 EMAIL: CROWNCOLONYDC@YAHOO.COM

----- FOR OFFICE USE ONLY -----

DATE RECEIVED	MOVE IN DATE	UNIT ADDRESS	UNIT #	PAYMENT AMOUNT :\$
BY (INITIALS)		<input type="checkbox"/> ARGYLE 2B/2BA	<input type="checkbox"/> DEVONSHIRE 2B/2BA TH	PAYMENT TYPE
		<input type="checkbox"/> BRISTOL STUDIO	<input type="checkbox"/> ESSEX 1B/1BA TH	
		<input type="checkbox"/> COLLINGWOOD 1B/1BA	<input type="checkbox"/> MONARCH SMALL 2B/1BA	<input type="checkbox"/> MONEY ORDER#
		<input type="checkbox"/> COMMONWEALTH 2B/2BA/DEN	<input type="checkbox"/> SAPHIRE 2B/2BA	<input type="checkbox"/> INDIVIDUAL(S) (18+YRS)
				<input type="checkbox"/> MARRIED COUPLE

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

PERSONAL INFORMATION

CONTACT INFORMATION

LAST NAME	FIRST NAME	M.I.	PRIMARY NUMBER	SECONDARY NUMBER
SOCIAL SECURITY NUMBER	DATE OF BIRTH(MM/DD/YYYY)	DRIVER'S LICENSE/ ID #	STATE	EMAIL ADDRESS

CURRENT ADDRESS

COMPLEX NAME (IF APPLICABLE)	LENGTH OF OCCUPANCY ____ YEAR(S) ____ MONTH(S)	FULL NAME OF LANDLORD/ LEASING MANAGER
ADDRESS	UNIT#	DATES OF OCCUPANCY FROM: ____/____/____ TO: ____/____/____
		PRIMARY NUMBER
		FAX NUMBER
CITY	STATE	ZIP
	CURRENT RENT \$ ____ MONTH	EMAIL ADDRESS
REASON FOR MOVING		

PREVIOUS ADDRESS—IF CURRENT ADDRESS IS LESS THAN 2 YEARS

COMPLEX NAME (IF APPLICABLE)	LENGTH OF OCCUPANCY ____ YEAR(S) ____ MONTH(S)	FULL NAME OF LANDLORD/ LEASING MANAGER
ADDRESS	UNIT#	DATES OF OCCUPANCY FROM: ____/____/____ TO: ____/____/____
		PRIMARY NUMBER
		FAX NUMBER
CITY	STATE	ZIP
	RENT \$ ____ MONTH	EMAIL ADDRESS
REASON FOR MOVING		

CURRENT EMPLOYMENT

COMPANY NAME	LENGTH OF EMPLOYMENT ____ YEARS ____ MONTHS	POSITION
ADDRESS	DATES OF EMPLOYMENT FROM: ____/____/____ TO: ____/____/____	FULL NAME MANAGER/SUPERVISOR/TITLE
CITY	STATE	ZIP
	MONTHLY GROSS \$	YEARLY GROSS \$
COMPANY INFO /WEBSITE/LOCATION		EMAIL ADDRESS

OTHER CURRENT EMPLOYMENT—IF APPLICABLE

COMPANY NAME			LENGTH OF EMPLOYMENT ____ YEARS ____ MONTHS		POSITION
ADDRESS			DATES OF EMPLOYMENT FROM: ____/____/____		FULL NAME MANAGER/SUPERVISOR/TITLE
CITY	STATE	ZIP	TO: ____/____/____		PRIMARY NUMBER
COMPANY INFO /WEBSITE/LOCATION			MONTHLY GROSS \$	YEARLY GROSS \$	EMAIL ADDRESS

PREVIOUS EMPLOYMENT—IF CURRENT EMPLOYMENT IS LESS THAN 2 YEARS

COMPANY NAME			LENGTH OF EMPLOYMENT ____ YEARS ____ MONTHS		POSITION
ADDRESS			DATES OF EMPLOYMENT FROM: ____/____/____		FULL NAME MANAGER/SUPERVISOR/TITLE
CITY	STATE	ZIP	TO: ____/____/____		PRIMARY NUMBER
COMPANY WEBSITE			MONTHLY GROSS \$	YEARLY GROSS \$	EMAIL ADDRESS

OTHER SOURCE(S) OF INCOME (EXAMPLE: 2ND JOB, ALIMONY, RETIREMENT PAY, COUNTY ASSISTANCE VOUCHERS)

SOURCE	MONTHLY GROSS \$	NOTES
SOURCE	MONTHLY GROSS \$	NOTES
SOURCE	MONTHLY GROSS \$	NOTES

PROPOSED OCCUPANTS—LIST ALL OTHER PERSONS WHO WILL OCCUPY UNIT (CO-APPLICANTS ARE INDIVIDUALS ALSO RESPONSIBLE FOR RENT)

1. LAST NAME	FIRST NAME	M.I.	AGE	RELATION	CO-APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO
2. LAST NAME	FIRST NAME	M.I.	AGE	RELATION	CO-APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO
3. LAST NAME	FIRST NAME	M.I.	AGE	RELATION	CO-APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO
4. LAST NAME	FIRST NAME	M.I.	AGE	RELATION	CO-APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU OR ANY OF THE PROPOSED OCCUPANTS WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE?

No Yes (IF YES, EXPLAIN):

HAVE YOU OR ANY OF THE PROPOSED OCCUPANTS BEEN SERVED AN EVICTION NOTICE OR BEEN ASKED TO VACATE A PROPERTY?

No Yes (IF YES, EXPLAIN):

HAVE YOU OR ANY OF THE PROPOSED OCCUPANTS BEEN A PARTY TO AN UNLAWFUL DETAINER ACTION?

No Yes (IF YES, EXPLAIN):

HAVE YOU OR ANY OF THE PROPOSED OCCUPANTS FILED BANKRUPTCY WITHIN THE PAST 7 YEARS?

No Yes (IF YES, EXPLAIN):

PETS: UNIT ALLOWS PETS YES NO

IF UNIT ALLOWS PETS, HOA PET POLICY: -ADDITIONAL PET DEPOSIT OF \$200 -NO TALLER THAN 20" AT SHOULDER -NO MORE THAN 20 LBS.	1. <input type="checkbox"/> CAT <input type="checkbox"/> DOG <input type="checkbox"/> OTHER:	BREED	WEIGHT	AGE
	2. <input type="checkbox"/> CAT <input type="checkbox"/> DOG <input type="checkbox"/> OTHER:	BREED	WEIGHT	AGE

VEHICLES: (TENANTS ARE ASSIGNED 1 PARKING SPACE, AN ADDITIONAL VEHICLE IS WELCOME TO PARK IN VISITOR SPACES, *PENDING* HOA APPROVAL)

1.	COLOR	YEAR	MAKE	MODEL	LICENSE PLATE #
2.	COLOR	YEAR	MAKE	MODEL	LICENSE PLATE #

APPLICATION CHECK-OFF LIST

PROCESSING FEE— TO BE PAID AT TIME OF APPLICATION PACKET SUBMISSION

- \$40 PER APPLICANT. CA RESIDENTS 18 YEARS OR OLDER
- NO CASH ACCEPTED
- NON REFUNDABLE CHECK OR MONEY ORDER. PAYABLE TO: CROWN COLONY PROPERTIES

REQUIRED SUPPORTING DOCUMENTS PER APPLICANT

- PLEASE INCLUDE COPIES OF THE FOLLOWING SUPPORTING DOCUMENTS. ORIGINALS WILL NOT BE ACCEPTED.
- ALL COPIES ARE TO BE 1-SIDED.
- SUPPORTING DOCUMENTS ARE TO BE PLACED IN THE FOLLOWING ORDER BEHIND APPLICATION.
 1. VALID PICTURE IDENTIFICATION. COPY OF ONE OF THE FOLLOWING:
 - DRIVER'S LICENSE/ IDENTIFICATION CARD
 - PASSPORT
 2. PROOF OF INCOME. COPY OF ONE OF THE FOLLOWING:
 - PAY-STUB(S) FOR THE MOST CURRENT MONTH
 - W-2
 - JOB OFFER LETTER (FOR NEW HIRES)
 3. OTHER PROOF OF INCOME—IF APPLICABLE, COPY OF THE FOLLOWING:
 - COUNTY ASSISTANCE VOUCHERS/ PAPERWORK
 4. BANK STATEMENTS. COPY OF THE FOLLOWING:
 - 2 MOST CURRENT MONTHS—INCLUDE ALL STATEMENT PAGES.(*****STATEMENT TO BE DATED AS OF DATE TURNING IN THE APPLICATION)

OTHER

- INTRODUCTION LETTER—*TYPED* (OPTIONAL BUT STRONGLY RECOMMENDED)
- ALL EMPLOYER/ TENANCY REFERENCE CONTACT INFORMATION HAS BEEN VERIFIED AS CURRENT

DISCLOSURE

- I DECLARE THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND I HEREBY AUTHORIZE CROWN COLONY PROPERTIES TO OBTAIN INFORMATION REGARDING MY EMPLOYMENT, OUTSTANDING CREDIT (HOME, AUTO, PERSONAL, CREDIT CARDS, BANKS, ETC.)
- AUTHORIZATION IS FURTHER GRANTED TO USE A PHOTO STATIC COPY OF MY SIGNATURE BELOW TO OBTAIN INFORMATION REGARDING ANY OF THE AFOREMENTIONED ITEMS IN THIS APPLICATION OR ATTACHED.

FIRST NAME (PRINT)	M.I.	LAST NAME (PRINT)	SIGNATURE	DATE
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CROWN COLONY HOA COMPLEX INFORMATION

- CROWN COLONY PROPERTIES IS A CONDOMINIUM COMPLEX; EACH UNIT INDIVIDUALLY OWNED—APPLICATIONS APPROVED BY OWNER
- RULES AND REGULATIONS ARE SET BY THE CROWN COLONY HOME OWNERS ASSOCIATION (HOA)
- SOME LANDLORDS ALLOW PETS WITH AN EXTRA DEPOSIT. PETS MUST BE 20 LBS AND UNDER AND NOT OVER 20 INCHES AT THE SHOULDER, AND NO MORE THAN 2 PETS.
- SERVICE ANIMALS OK UPON HOA APPROVAL. CALL HOA FOR MEETING DATES AND FOR LIST OF NEEDED DOCUMENTATION, (650) 756-8220.
- RENTERS INSURANCE REQUIRED FOR ALL RENTERS. (MINIMUM \$300,000 POLICY & MUST SUPPLY OWNER/MANAGER WITH COPY)
- RENTERS REQUIRED TO PAY ONE TIME \$100 HOA MOVE-IN FEE WITHIN 3 DAYS OF MOVE-IN. (PAY DIRECT AT HOA OFFICE)