

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
\$50 PER APPLICANT – PAYPAL.ME/CROWNCOLONY



399 IMPERIAL WAY # 1 DALY CITY, CA 94015
 OFFICE: (650) 994-0300
 EMAIL: OFFICE@CROWNCOLONY.NET

DATE SUBMITTED	IDEAL MOVE IN DATE	APPLYING FOR ADDRESS AND UNIT #	RENT \$	PAYMENT AMOUNT :\$
BY (INITIALS) / DATE		<input type="checkbox"/> ARGYLE 2B/2BA <input type="checkbox"/> BRISTOL STUDIO <input type="checkbox"/> COLLINGWOOD 1B/1BA <input type="checkbox"/> COMMONWEALTH 2B/2BA/DEN	<input type="checkbox"/> DEVONSHIRE 2B/2BA TH <input type="checkbox"/> ESSEX 1B/1BA TH <input type="checkbox"/> MONARCH SMALL 2B/1BA <input type="checkbox"/> SAPPHIRE 2B/2BA	PAYMENT TYPE <input type="checkbox"/> CHECK # <input type="checkbox"/> PAYPAL <input type="checkbox"/> CASH

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: ____/____/____
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: ____/____/____
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 SECURITY DEPOSIT -2 PETS MAX. PER UNIT -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

- \$50 PER APPLICANT. CA RESIDENTS 18 YEARS OR OLDER
- NO CASH ACCEPTED
- NON-REFUNDABLE CHECK PAYABLE TO: CROWN COLONY PROPERTIES OR PAYPAL.ME/CROWNCOLONY

REQUIRED SUPPORTING DOCUMENTS PER APPLICANT – PLEASE EMAIL TO OFFICE@CROWNCOLONY.NET OR DROP TO THE OFFICE

- PLEASE INCLUDE COPIES OF THE FOLLOWING SUPPORTING DOCUMENTS. ORIGINALS WILL **NOT** BE ACCEPTED.
- 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 OR IDENTIFICATION CARD
 - PASSPORT
 2. PROOF OF INCOME. *COPY OF ONE OF THE FOLLOWING:*
 - PAY-STUB(S) FOR THE MOST CURRENT MONTH
 - W-2 (MOST RECENT)
 - 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

OTHER

- INTRODUCTION LETTER—*TYPED* (OPTIONAL BUT STRONGLY RECOMMENDED)
- ALL EMPLOYER/ TENANCY REFERENCE CONTACT INFORMATION

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 AND /OR HIGHER RENT.
- 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 \$150 HOA MOVE-IN FEE.