



FAX: 818-542-6855

### APPLICATION TO RENT OR LEASE

#### APPLICANTS

FIRST	MIDDLE	LAST	BIRTH DATE	SOCIAL SECURITY #	DRIVER'S LICENSE
OTHER NAMES USED WITHIN LAST 5 YEARS			HOME PHONE	BUSINESS PHONE	

#### ADDITIONAL OCCUPANTS

ALL OTHER PROPOSED OCCUPANTS	AGE	RELATIONSHIP TO APPLICANT

#### EMPLOYMENT

	CURRENT EMPLOYMENT	PREVIOUS EMPLOYMENT	OTHER INCOME <small>DESCRIBE SOURCE AND AMOUNT OF ALL OTHER INCOME</small>
EMPLOYED BY			
ADDRESS			
EMPLOYER PHONE			
OCCUPATION			
POSITION			
NAME OF SUPERVISOR			
DATES OF EMPLOYMENT	FROM TO	FROM TO	
INCOME PER MONTH	\$ .	\$ .	\$ .

#### RESIDENCE FOR LAST THREE YEARS

	CURRENT RESIDENCE	LAST PRIOR	PRIOR
STREET ADDRESS			
CITY			
STATE AND ZIP			
DATES OF STATE			
RENT AMOUNT	\$ .	\$ .	\$ .
OWNER/MANAGER AND PHONE NUMBER			
REASON FOR LEAVING			

#### VEHICLES

AUTOMOBILES	MAKE	MODEL	COLOR	YEAR	LICENSE NO.
MOTORCYCLES					

**CREDIT INFORMATION**

NAME OF BANK/S	BRANCH OR ADDRESS	ACCOUNT NO.	APPROX. BALANCE		
		CHECKING:	\$ .		
		SAVINGS:	\$ .		
		CHECKING:	\$ .		
		SAVINGS:	\$ .		
CREDIT REFERENCES	ACCOUNT NO.	ADDRESS / CITY	PHONE	PRESENT BALANCE	MONTHLY PAYMENTS

**PERSONAL REFERENCES**

INCASE OF EMERGENCY NOTIFY	ADDRESS / CITY	PHONE	RELATIONSHIP
CLOSE FRIEND			
NEAREST RELATIVE LIVING ELSEWHERE			

**GENERAL INFORMATION**

- 1.- Do you intend to use any water filled furniture in this residence? \_\_\_\_\_
- 2.- Do you have any pets? \_\_\_\_\_ If so, how many and what? \_\_\_\_\_
- 3.- Have you ever been evicted for non-payment of rent or any other reason? \_\_\_\_\_
- 4.- Why are you leaving your present residence? \_\_\_\_\_  
\_\_\_\_\_
- 5.- Please explain any "yes" answers to General Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant represents that all information given on this application is true and correct and hereby authorizes verification of all references and facts, including but not limited to obtaining Unlawful Detainer and Credit Reports. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

The undersigned hereby applies to rent/lease Apartment No. \_\_\_\_\_ at \_\_\_\_\_ for \$ \_\_\_\_\_ per month and upon OWNER'S approval agrees to enter into a Rental Agreement and/or Lease and pay all rent and security deposits required before occupancy.  
An Application fee of \$ \_\_\_\_\_ is hereby submitted for the cost of Credit Reports and processing this application.

Addition information \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

Projected to move in Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



THIRTY DAY NOTICE OF RESIDENT(S) INTENT TO VACATE

To: \_\_\_\_\_ (Owner/Agent)

You are hereby given notice that \_\_\_\_\_ (Resident(s)) intend(s) to terminate the tenancy and to move from the premises located at:

\_\_\_\_\_, Apartment # (if applicable) \_\_\_\_\_  
(Street Address)

\_\_\_\_\_, CA \_\_\_\_\_,  
(City) (Zip)

as of \_\_\_\_\_ (date).

It is understood as follows:

- a. that a Thirty Day Notice of Intent to Vacate is required by Section 1946 of California Civil Code for month-to-month tenancies and by the Lease Agreement for fixed-term tenancies;
b. for Residents on a fixed-term lease, a Thirty Day Notice of Intent to Vacate does not relinquish Resident from any obligation of the lease, including payment to the end of the lease term;
c. Resident's possession of the apartment remains in effect until all belongings are removed and all keys returned; and
d. except as provided by law, rent is due and payable up to and including the final date of possession, or thirty (30) days after service of this notice to Manager, whichever is later.
e. Resident cannot use the security deposit as last month's rent. Rent is payable through the termination of the tenancy.

The resident's reason(s) for terminating the Lease Agreement is as follows: (optional)

\_\_\_\_\_  
\_\_\_\_\_

Forwarding Address: \_\_\_\_\_

New Phone Number: \_\_\_\_\_

NOTICE OF RIGHT TO INITIAL INSPECTION:

I understand that I have the right to request an initial inspection of my unit and to be present during that inspection, which shall occur no earlier than two weeks before the termination of the tenancy and during normal business hours. I also understand that at this initial inspection, the Manager will provide an itemized statement specifying repairs or cleaning that are proposed to be the basis for the deductions from the security deposit. I understand, however, that this may not be the final accounting of deductions from my security deposit. I understand that no later than three weeks (21 days) after Manager has regained possession of the premises, Manager shall provide me with an itemized statement, indicating the basis for, and the amount of, any security deposit received and the disposition of the security and shall return any remaining portion of such security deposit to me.

(check only one option below)

- I decline the initial inspection.
I request the initial inspection of my apartment, and I wish to be present.
I request the initial inspection of my apartment, but I will not be present.

Contact me at this phone number to arrange for the inspection: \_\_\_\_\_

(if requesting initial inspection, check only one option below)

- I waive my right to 48 hour notice by the Manager prior to the entry of the apartment to perform the initial inspection, as allowed by Civil Code section 1950.5(f)(1).
I want Manager to provide 48 hour notice prior to entry of the apartment to perform the initial inspection.

Resident Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

JENKINS PROPERTIES MAINTENANCE REQUEST FORM

Requested By: \_\_\_\_\_ Date \_\_\_\_\_ Work Order # \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Day Time Phone # \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_

OCCUPIED VACANT EXTERIOR PTE KEY IN: OFFICE OR MGR TENANT IS HOME \_\_\_\_\_

SERVICE REQUEST FOR \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIORITY STATUS: 1 (same/next day) 2 (2-4 days) 3 ( 1 wk) 4 (other) \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ W.O. SCHEDULED FOR: \_\_\_\_\_

REMARKS: \_\_\_\_\_

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Tenant's Name \_\_\_\_\_ Day Time Phone # \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_

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SERVICE REQUEST FOR \_\_\_\_\_

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REMARKS: \_\_\_\_\_