Prime Properties Management 315 North "N" St Tulare CA 93274 License ID #01253539

Phone # (559) 686.8748 Fax # 686.5387 Hours: 9AM-4PM Monday thru Friday APPLICATION FEES ARE NONREFUNDABLE

Last Name:	First N	ame:		Middle Ir	nitial:	Date of	Birth:	
Social Security #:	Driver's License #:			Expiration			State:	
Other Names Used in the Last 10 Years:	Other	D's:	Cell Pho	ne #:		Work Phor	ne #:	
*PLEASE LIST <u>AT LEAST 5 YE</u>	ARS OF PREVIOUS	ADDRESSES O	R WHATEVER I	S GOING TO COME	EUPONY	OUR CRED	IT REPORT	
Present Address:			Apt #:	City:		State:	Zip Code:	
Date In:	Date Out:		Owner or Management:		Owner # or Management			
Reason for leaving:								
Previous Address:			Apt #:	City:		State:	Zip Code;	
Date In:	Date Out:		Owner or Management:		Owner # or Management #:			
Reason for leaving:								
Previous Address:			Apt #:	City:		State:	Zip Code:	
Date in:	Date Out:		Owner or Management:		Owner # or Management #:			
Reason for leaving:								
Proposed Occupants: (if you'	re expecting a child, a	ny current childre	en (part time or fu	ull time), and all othe	er applicant	s)	an a dhulan a mhònhair a ann an bha an an bha th	
Name:	Birthda	ate:	Name:			Birthdate:		
Name:	Birthdate:		Name:			Birthdate		
*PET RENTS ARE A NONREF	UNDABLE ONE TIME	FEE, USUALLY	A MINIMUM OF	\$500.00 PER ANIN	MAL			
Will you have pets?	_ Yes	၂ No	Breed(s):					
*YOU MUST MAKE TWO TIME Present Occupatione or Source of Income:e	S THE AMOUNT OF		OU MUST BE OI ployer Name:	N YOUR JOB FOR A		6 MONTHS Superviso	r Name:	
How Long on this Job? (Years? Months?)	HR Phone #: (NO CELL #s)			Employer Address:				
Previous Occupation or Source of Income:		Employer Name:				r Name:		
How Long on this Job? (Years? Months?)		HR Phone #: NO CELL #s)			er Address			
Current Net (take home) Inco	me:							
Amount: \$	which is	_ Weekly	Biweekl	y _Monthly	у	_Yearly		

- 1. Driver's license or identification card
- 2. Social security card, ITIN, or pin
- 3. Provide at least three check stubs, SSI award letters, or other proof of income for the current month
- \$20.00 processing fee per application: <u>must be in the form of a cashier's check or money order</u>. If you are turning in more than one application you may put the total amount of the processing fees on one payment. Application fees are nonrefundable.

Emergency Contacts and/or Personal References:

ne #: ress: ne #: ress: ne #: Model: Model:		ु Emerge	ency Contact ency Contact ency Contact Lice	City: Persona City:	al Reference al Reference al Reference		
ne #: ress: ne #: Model:		ے Emerge	ency Contact	_ Person			
ress: ne #: Model:		ے Emerge	ency Contact	City: _ Persona			
ne #: Model:				_ Persona	al Reference		
Model:					al Reference		
an erdine endiren er en endere en		Year:	Lice	ense #:			
Model:				-			
	Year:	Year: License #:					
No	Have y	ou ever bee	n evicted?	_ Yes	_ No		
; _ No	o	lf yes, ex	plain:				
nanufacturing illeg	gal drugs?		_ Yes	ួ No			
					ort and agrees to furnish		
			Apt #:				
oval of this applicati cy.	tion agrees to	sign a rental	or lease agree	ment and to pay	/ all sums due, including		
Date Application Turned In:							
the order you wish	h to be approv	ved)					
Apt #: A	Address:				Apt #:		
Apt #: A	Address:				Apt #:		
	, No inanufacturing ille eby authorizes verificatio ager to disclose tenancy oval of this applicat cy. Dat the order you wish Apt #: A Apt #: A	NO Have y No nanufacturing illegal drugs? eby authorizes verification of the above item ager to disclose tenancy information to prev oval of this application agrees to cy. Date Application the order you wish to be appro Apt #: Address:	No Have you ever bee No If yes, ex- nanufacturing illegal drugs? eby authorizes verification of the above items including, but ager to disclose tenancy information to previous or subseque oval of this application agrees to sign a rental cy. Date Application Turned In: the order you wish to be approved) Apt #: Address:	No Have you ever been evicted? No If yes, explain: nanufacturing illegal drugs? _ Yes eby authorizes verification of the above items including, but not limited to, the ot ager to disclose tenancy information to previous or subsequent owners/manager Apt oval of this application agrees to sign a rental or lease agree cy. Date Application Turned In: the order you wish to be approved) Apt #: Address: Apt #: Address:	No Have you ever been evicted? _ Yes No If yes, explain: nanufacturing illegal drugs? _ Yes No eby authorizes verification of the above items including, but not limited to, the obtaining of a credit rep ager to disclose tenancy information to previous or subsequent owners/managers. Apt #: oval of this application agrees to sign a rental or lease agreement and to pay cy. Date Application Turned In: the order you wish to be approved) Apt #: Address: Apt #: Address:		

color, race, religion, sex, marital status, mental or physical disability, age, familiar status, sexual orientation, or national origin. The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public. Therefore as members of The California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing opportunity: we agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis, we agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our resident's tenancy, we agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering", we agree to to print, display, or circulate any statement or advertisement that indicates any preference, limitations or discrimination in the rental to rase of housing.