

PARKVIEW PROPERTY MGT  
 530 OAK GROVE AVENUE  
 SUITE 101  
 MENLO PARK, CA 94025

**APPLICATION TO RENT  
 PARKVIEW PROPERTY MANAGEMENT**

PHONE: 650-323-0126  
 FAX: 650-323-0121  
 j@parkviewproperty.com

(all sections must be completed)

Individual applications required from each occupant 18 years of age or older

LAST NAME		FIRST NAME		MIDDLE NAME
SOCIAL SECURITY #		DATE OF BIRTH		DRIVER'S LICENSE NO.
WORK NUMBER ( )	HOME NUMBER ( )	MESSAGE NUMBER / NAME OF PERSON ( )		
PRESENT ADDRESS		CITY	STATE	ZIP CODE
DATE IN	DATE OUT	OWNER/MGR. NAME	OWNER/MGR. PHONE NO.	
REASON FOR MOVING				
PROPOSED OCCUPANTS	NAME		NAME	
LIST ALL IN ADDITION TO YOURSELF				
WILL YOU HAVE PETS?	DESCRIBE			
PRESENT OCCUPATION OR SOURCE OF INCOME			EMPLOYER NAME	
HOW LONG WITH THIS EMPLOYER?	SUPERVISOR'S PHONE ( )		SUPERVISOR'S NAME	
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE
CURRENT GROSS INCOME \$ PER WEEK ( ) MONTH ( ) YEAR ( )				
IN CASE OF EMERGENCY, NOTIFY:				
1	ADDRESS		PHONE	CITY RELATIONSHIP
2	ADDRESS		PHONE	CITY RELATIONSHIP
PERSONAL REFERENCE:				
1	ADDRESS		PHONE	ACQUAINTED # YRS. / OCCUPATION
2	ADDRESS		PHONE	ACQUAINTED # YRS. / OCCUPATION
AUTOMOBILE: MAKE MODEL YEAR LICENSE#				
OTHER MOTOR VEHICLE:				
HAVE YOU EVER FILED BANKRUPTCY?			HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE?	

*Applicant represents that all the above statements are true & correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report & agrees to furnish additional credit references upon request. Applicant consents to allow owner/manager to disclose tenancy information to previous or subsequent owners/managers.*

*Owner will require a payment of \$25.00, which is to be used to screen Applicant with regards to credit history and other background information. The undersigned makes application to rent housing accommodations designated as:*

Apt.# \_\_\_\_\_ Located @ \_\_\_\_\_  
 the rent for which is \$ \_\_\_\_\_ per \_\_\_\_\_ and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including security deposit of \$ \_\_\_\_\_ before occupancy.

DATE \_\_\_\_\_ APPLICANT (SIGNATURE REQUIRED) \_\_\_\_\_

**CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY**

*The California Apartment Association supports the spirit & intent of all local, state & federal housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial 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.*