

Rental Application



26 West Richmond Ave. Point Richmond, CA 94801
Phone 510•215•2807 FAX 510•215•2834 pointrealty@sbcglobal.net

Applying for: _____ Rent amount: _____ Expected move in date: _____
How did you hear about rental? _____ Pets: _____ Type: _____ How Many: _____

Last Name: _____ First: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell: _____
Email: _____
DOB: _____ Social Security #: _____ Driver's license #: _____

Spouse Last Name: _____ First: _____ Middle Initial: _____
DOB: _____ Social Security #: _____ Driver's license #: _____

RENTAL HISTORY:

Present Landlord: _____ Phone: _____
How long at property: _____ Reason for leaving: _____

Previous Landlord: _____ Phone: _____
How long at property: _____ Dates of rental: _____
Address of property: _____

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EMPLOYMENT

Present Employer: _____
Occupation: _____
Address: _____ How long: _____ Annual income: _____
Full time: _____ Part Time: _____ Student: _____ Retired: _____
Supervisor name: _____ Phone: _____

Reference: _____ Relationship: _____
Phone: _____

If not employed how will rent be paid? _____
Additional Occupants: _____ Relationship: _____ Age: _____ Social Sec.# _____

Have you ever been evicted? _____ Filed for Bankruptcy? _____ Date: _____
Make of your car: _____ Year: _____

Emergency Contact: _____ Relationship: _____
Phone: _____ email or address: _____

Applicant represents that the above information is true and correct, and any information which is false, misleading or inaccurate shall be cause for rejection of this application. Applicant agrees to pay Point Realty \$25 non refundable credit fee per single adult.

SIGNATURE: _____ **Date:** _____