

MAXWELL HOMES

141 HAWK DRIVE
 MERCED, CA 95340
 PHONE (209) 383-6145
 FAX (209) 383-6068

Property Applying For: _____

Looking For A: ____ bedroom ____ bath ____ Apt ____ House

Application to Rent

Please complete all sections of this application and attach proof of income. A separate application is required for each adult occupant 18 years of age and older. A security deposit and the first months rent is payable in Money Order or Cashiers Check only and due upon move in. CASH IS NEVER ACCEPTED FOR PAYMENT.

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER			
OTHER NAMES USED IN THE LAST 10 YEARS				DATE OF BIRTH		DRIVER'S LICENSE NUMBER		STATE	EXP DATE
WORK PHONE NUMBER ()		HOME PHONE NUMBER ()		CELL PHONE NUMBER ()		EMAIL ADDRESS			

ADDITIONAL OCCUPANTS LIST THE NAMES AND AGES OF EACH	1	AGE	2	AGE
	3	AGE	4	AGE
	5	AGE	6	AGE

DEPENDING ON WHICH PROPERTY YOU ARE APPLYING FOR, WE MAY ALLOW PETS WITH AN ADDITIONAL \$250 DEPOSIT PER PET. WATERBEDS OR LARGE FISH TANKS WILL ALSO REQUIRE AN ADDITIONAL \$250 DEPOSIT AND ARE NOT ALLOWED IN SOME PROPERTIES.

WILL YOU HAVE PETS?	HOW MANY?	DESCRIBE	WILL YOU HAVE LIQUID FILLED FURNITURE?	DESCRIBE
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AUTOMOBILES

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #
MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #

RESIDENTIAL HISTORY

1	PRESENT ADDRESS			CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MANAGER NAME		OWNER/MANAGER PHONE NUMBER ()	
	REASON FOR MOVING					
2	PREVIOUS ADDRESS			CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MANAGER NAME		OWNER/MANAGER PHONE NUMBER ()	
	REASON FOR MOVING					
3	PREVIOUS ADDRESS			CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MANAGER NAME		OWNER/MANAGER PHONE NUMBER ()	
	REASON FOR MOVING					

INCOME

CURRENT EMPLOYER		ADDRESS	PHONE NUMBER ()	SUPERVISOR'S NAME
POSITION	EMPLOYMENT DATES	GROSS INCOME \$ PER <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR		
PRIOR EMPLOYER		ADDRESS	PHONE NUMBER ()	
POSITION	EMPLOYMENT DATES	GROSS INCOME \$ PER <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR		
OTHER SOURCE OF INCOME	VERIFICATION INFORMATION	GROSS INCOME \$ PER <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR		

BANK / FINANCIAL OBLIGATIONS

NAME OF YOUR BANK	BRANCH/ADDRESS	ACCOUNT NUMBER	
		CHECKING	
		SAVINGS	
NAME OF CREDITOR	TYPE / EXPLANATION	PHONE NUMBER ()	MO. PYMT AMOUNT \$
		()	\$
		()	\$
		()	\$
		()	\$
		()	\$

IN CASE OF EMERGENCY, NOTIFY:	PHONE NUMBER	ADDRESS	CITY / STATE	RELATIONSHIP
1				
2				
PERSONAL REFERENCES	PHONE NUMBER	ADDRESS	OCCUPATION	LENGTH OF ACQUAINTANCE
List two personal references, not related to you, and not listed as a previous landlord or emergency contact on this application.				
1				
2				

Have you ever filed for bankruptcy? _____ Have you ever been evicted or asked to move? _____

Have you ever been convicted of selling, distributing or manufacturing illegal drugs? _____

NOTICE: By signing below, applicant declares that all responses are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow Maxwell Homes to disclose tenancy information to previous or subsequent owners/managers.

Signature: X _____

Date: _____