

OFFICE USE ONLY

Mo/Year received _____ Approved _____ Not Approved _____ Other _____

Rental Application for Wildflower Apartments

531 Pomona Avenue, Chico, CA 95928 Phone 530/809-4802 FAX 530/ 345-7256 Email: wfmarskey@gmail.com

NOTE: Each prospective occupant over 18 years of age is required to complete an application for this residency.

IF NOT SUBMITTING APPLICATION IN PERSON, PLEASE INCLUDE COPY OF YOUR DRIVER'S LICENSE
When completed please send to the address listed above or FAX to 530/345-7256

Today's Date: _____ Desired Date of Occupancy _____

Applicants full name _____ Date of birth _____

Social Security No. _____ Driver's License # & State _____

Names & ages of other proposed occupants _____

RESIDENT INFORMATION: Phone # _____ Email address _____

Current Address _____ City _____ State _____ Zip _____

How long lived here _____ Landlord or Mortgage Co Name _____

Phone number of Landlord or Mortgage Co _____ Monthly payment \$ _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlord or Mortgage Co _____ Phone _____

EMPLOYMENT INFORMATION:

Present Employer _____ How Long _____

Employer Address _____ City _____ State _____ Phone _____

Position _____ Supervisor _____ Monthly Wages \$ _____

Previous Employer _____ How Long _____

Employer Address _____ City _____ State _____ Phone _____

Position _____ Supervisor _____ Monthly Wages \$ _____

OTHER INFORMATION:

Total Number of Vehicles _____ Make/Model/Year/Color _____

Other Sources of Income: \$ _____ per _____ Source _____ Telephone _____

Comments: _____

In case of emergency notify: _____ Relationship _____

Address _____ Phone _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit-reporting agency, which will appear as an inquiry on my file.

APPLICANTS SIGNATURE _____ **DATE** _____