

ab Property Management, Inc.

www.abpropertymgmt.com

6280 W. Las Positas Blvd., Suite 230, Pleasanton, CA 94588 (925) 846-8119 Fax (925) 846-7008

APPLICATION

Note: A \$40 non-refundable fee for TRW and a separate application for each single applicant and co-applicant(s) over the age of 18 years are required. A \$50 non-refundable fee for TRW is required for married couples. A \$85.00 administration fee will be part of move-in expenses.

(All payments must be by Money Order or Cashier's check --- **no checks will be accepted.**)

DATE: _____

MONEY RECEIVED FOR TRW: _____

APPLICANT: _____ SOC.SEC. # _____ - _____ - _____
(FIRST) (M.I.) (LAST) (AGE)

SPOUSE: _____ SOC. SEC. # _____ - _____ - _____
(FIRST) (M.I.) (LAST) (AGE)

NAME, AGE & RELATIONSHIP OF OTHER OCCUPANTS: _____

PETS: INDOOR/OUTDOOR TYPE(S) _____ SIZE _____ AGE _____

PRESENT RESIDENCE ADDRESS: _____ CITY _____ ST _____ ZIP _____

HOW LONG _____ /yr _____ /mo _____ PHONE NO. _____ CELL/ALT. NO. _____

PRESENT RENT _____ PRESENT LANDLORD _____

PHONE NO. _____ FAX NO. _____

REASON FOR LEAVING _____

30 DAY NOTICE GIVEN -- Y _____ NO _____ PREVIOUS RESIDENCE ADDRESS: _____
CITY _____ ST _____ ZIP _____

PREVIOUS LANDLORD _____ PHONE NO. _____

HAVE YOU EVER BEEN EVICTED FROM A RENTAL HOUSE, TOWNHOUSE, OR APT. YES _____ NO _____

IN CASE OF EMERGENCY PLEASE CONTACT _____ PHONE NO. _____

NEAREST RELATIVE _____ PHONE NO. _____

EMPLOYERS:

APPLICANT _____
(COMPANY) (ADDRESS) (CITY) (PHONE)

(POSITION) (NET SALARY) (LENGTH OF EMPLOYMENT)

SPOUSE _____
(COMPANY) (ADDRESS) (CITY) (PHONE)

(POSITION) (NET SALARY) (LENGTH OF EMPLOYMENT)

CREDIT REFERENCES:

BANK _____ ACCOUNT # _____

OTHER _____ ACCOUNT # _____

DRIVERS LICENSE NO. _____ EXP _____ SPOUSE _____ EXP _____

AUTOMOBILE MAKE _____ MODEL _____ YEAR _____ LICENSE # _____

PROPERTY DESIRED: _____ RENT AMOUNT _____

DATE DESIRED FOR OCCUPANCY _____ / _____ / _____

I acknowledge that the above statements are true and correct. I understand that AB Property Management, Inc. will retain this application even if it's not approved; and I authorize AB Property Management, Inc. to verify my credit, rental, and employment history.

Applicant's Signature

Spouse's Signature

Processing of this application and credit report does not necessarily guarantee acceptance for a property. All applications are submitted to the property owner for final approval and are not on a "first come, first served" basis.

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To: _____ From: _____

Phone: _____ Date: _____

Fax _____ Pages: 1

Re: Rental History _____ CC: _____

Please verify the following questions for: _____

Tenants residing at: _____

1. Tenant has resided from _____ through _____.
2. Tenant has paid \$ _____ rent.
3. Tenant has received _____ late/disturbance notices.
4. Would you rent again if tenant qualified _____.
5. Any conflicts with neighbors _____?
6. Any disrespect to manager or other tenants _____?
7. Did he/she/they take care of property properly _____?
8. What was deducted from security deposit upon move-out _____?
9. Any parking issues _____?
10. Any pets _____?
11. Were tenants responsible for upkeep of spa/pool/landscape _____? If so, was it _____?

Name _____

Position _____

Date _____

I authorize to release information to AB Property Management, Inc. to verify my credit, rental, and history.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____