



EMBARCADERO COMPANY

6504 Pardall Road, Suite 4

Goleta, CA 93117

Phone: 805-968-3508

Fax: 805-685-6999

RENTAL APPLICATION

PROPERTY MANAGEMENT AND SALES

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

Maximum occupancy is limited to 2 (two) tenants per bedroom.

(all sections must be completed)

Applying to rent: _____ 1st choice

_____ 2nd choice

_____ 3rd choice

Contact person for your group: _____

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NO.		EMAIL		CELL PHONE ()	
1	CURRENT ADDRESS				CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MGR/R.A. NAME		OWNER/MGR/R.A. PHONE NO. ()		
	REASON FOR MOVING						
2	PREVIOUS ADDRESS				CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MGR/R.A. NAME		OWNER/MGR/R.A. PHONE NO. ()		
	REASON FOR MOVING						
3	NEXT PREVIOUS ADDRESS				CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MGR/R.A. NAME		OWNER/MGR/R.A. PHONE NO. ()		
	REASON FOR MOVING						

HAVE YOU EVER RENTED FROM EMBARCADERO COMPANY?	IF SO, WHEN AND WHERE?
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OTHER PROPOSED OCCUPANTS (LIST ALL)	NAME		NAME	

DO YOU HAVE PETS?	DESCRIBE	DO YOU HAVE LIQUID FILLED FURNITURE?	DESCRIBE
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(see reverse side)

(all sections must be completed)

WHAT UNIVERSITY/COLLEGE ARE YOU ATTENDING?		
WHAT IS YOUR MAJOR?		
WHAT YEAR ARE YOU? (FRESHMAN, JUNIOR, SENIOR, ETC.)		
PRESENT (IF EMPLOYED) OCCUPATION	EMPLOYER NAME	
HOW LONG WITH THIS EMPLOYER?	PHONE NO. ()	EMPLOYER ADDRESS
NAME OF YOUR SUPERVISOR:		
FATHER'S OCCUPATION/ JOB TITLE:	EMPLOYER NAME	EMPLOYER PHONE NO:
MOTHER'S OCCUPATION/ JOB TITLE:	EMPLOYER NAME	EMPLOYER PHONE NO:

FATHER'S FULL NAME	HOME NUMBER ()	WORK NUMBER ()	OCCUPATION
ADDRESS			
CITY	STATE	ZIP	
MOTHER'S FULL NAME	HOME NUMBER ()	WORK NUMBER ()	OCCUPATION
ADDRESS			
CITY	STATE	ZIP	

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	PHONE	CITY	RELATIONSHIP
1.		()		
2.		()		
PRIOR ROOMMATE REFERENCE:	ADDRESS	PHONE	LENGTH OF AQUAINTANCE	
1.		()		

AUTOMOBILE MAKE/MODEL _____ COLOR _____ YEAR _____ LICENSE PLATE NO. _____

HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? 0 YES 0 NO

IF YES, PLEASE EXPLAIN:

1. APPLICANT REPRESENTS THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE.
2. APPLICANT HEREBY AUTHORIZES VERIFICATION OF THE ABOVE ITEMS INCLUDING, BUT NOT LIMITED TO, THE OBTAINING OF A CREDIT REPORT.
3. APPLICANT AGREES TO FURNISH ADDITIONAL REFERENCES UPON REQUEST.
4. APPLICANT CONSENTS TO ALLOW OWNER/AGENT TO DISCLOSE TENANCY INFORMATION TO PREVIOUS OR SUBSEQUENT OWNERS/AGENTS.

(INCOMPLETE APPLICATIONS ARE SUBJECT TO DENIAL.)

_____ DATE

_____ APPLICANT SIGNATURE