Oakwood Apartments 7620 N. El Dorado Street Stockton, CA 95207

Phone: (209) 478-7881 Fax: (209) 477-5293

APPLICATION CHECKLIST

All applicants must be at least 18 years of age or older. Only one application per person.

	The application must be submitted with a \$35.00 non-refundable processing fee. Each additional person over 18 must submit an additional application along with a \$30.00 non-refundable processing fee. The processing fee must
	be paid in form of a <u>Cashier's Check or Money Order</u> .
	Applicant must provide original documentation of valid picture identification card for in-office photocopying.
	Applicant must provide original documentation of their Social Security card for in-office photocopying.
	Applicant must provide proof of monthly income. The proof of income must be original documentation and verifiable . Proof of income must show a sufficient, established monthly payment history of at least 1 year with current employer. Application is to be completely filled out with past three year's income history. The monthly income must be two and a half times the rental rate of the unit.
	Applicant must have a verifiable rental and payment history (Present and Prior Addresses). Application is to be completely filled out with past three year's rental history. Payments must have been paid in a timely manner. Relatives will not be considered as a rental reference.
	Applicant must have no evictions .
	Applicant criminal history will be reviewed.
	Applicant's credit must be in good order. Credit must not have any unpaid liens, judgments, or any history of collection account discrepancies.
	No co-signers or guarantors will be allowed.
	Extra deposit may be required if applicant meets main criteria with conditional acceptance.
deposi	rstand that if the application is approved, a holding deposit will be required to reserve unit. This is a non-refundable t unless canceled within three days (72 hours) of application acceptance. This deposit will be applied towards my ed security deposit at the time of move-in, for cleaning and damages that may occur.
I unde	rstand that there is a No Pet Policy which is subject to tenants' rights under Federal and State Law N/A _ Initial
Move	in specials are subject to end without notice at any time. Rent amounts are subject to change.
	curity Deposit and the first month's rent must be paid by cashier's check or money order. Personal checks will be d after the first month of residency.
history having Referr	ning this form you hereby give Oakwood Apartments permission to verify any and all employment, salary, and rental (including any evictions and unlawful detainers) through a full background check. Any falsification of information or any incomplete information that cannot be verified will automatically disqualify the potential applicant. [Please fill out if someone from our apartment community referred you so may receive a referral credit if application and move-in requirements are met. If this is not filled out at the time that
the ap	plication is turned in we will be unable to give a referral credit.)
Applic	cant's Signature: Date:

APPLICATION TO RENT

☐Tenant ☐Guarantor

(/	All sections m	ust be	complet	ed)	Individ	ual application	ons re	quired	from eac	ch occi	ipant 18	years of age	or older.
Last Name First Nar			First Name	Middle Name			Social Security Number or ITIN						
Other names used in the last 10 years Work phot				ork phone numb)	mber Home phone nun				hone numl)	ber			
Date of birth E-mail address							Mobile/0	Cell phone	number				
Photo ID/Type			Numbe	r		Issuing govern	ment	t Exp. date			Other ID		
1.	Present addre	SS				l	City			Sta	te	Zip	
	Date in		Date out		Owner/Ag	gent Name					Owner/Ag	ent Phone num	ber
	Reason for mo	oving ou	ut		<u> </u>					Current \$		/Month	
2.	Previous addr	ess					City			Sta		Zip	
	Date in		Date out			Owner/Agent Name				Owner/Agent Phone numb		ber	
	Reason for mo	oving ou	ut		L								
3.	Next previous	addres	S					Cit	ty		State	e Z	<u>Zip</u>
	Date in		Date out	Owner/Agent Name			Owner/A				Owner/Ag	gent Phone number	
	Reason for mo	oving ou	ut										
	pposed cupants:	Name				DOB		Name				DOB	
Lis	t all addition	Name				DOB		Name				DOB	
to <u>y</u>	yourself	Name						Name					
Do pet	you have	Describ	be				o you h		Desci	ribe			
Ho	w did you hear	about t	this renta	l?		1			1				
A.	Current Emplo	yer Naı	me				Job Title or Position Dates of Employment					ployment	
Employer address				Employer/Human Resources phone number									
City, State, Zip				Name of your supervisor/human resources manager									
Cu	rrent gross inco	ome		Check	one								
\$ B.	Prior Employe	r Nomo		Per □ We	ek 🗖 Mo	onth	lob Ti	tle or P	ocition			Dates of Em	nlovmont
Б.	. ,												рюуттетт
	Employer add						()	man Reso				
	City, State, Zip)					Name	of you	r superviso	or/humar	resource	s manager	
Oth	ner income sou	irce				Amount S	\$			Frequ	ency		
Other income source Amount					\$			Frequ	ency				





Name of your bank	Name of your bank Branch or address				А	Account Number		
		Please list ALL of your financial obli	nations h	nelow				
Name of Creditor		Please list ALL of your financial obligations below. Address Phone Nu			Number	ımber Monthly Pymt. An		
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				()				
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				()				
				()				
In case of emergency, n	otify:	Address: Street, City, St	ate, Zip	()	Relationsh	ip	Phone	
				gth of				
Personal References	S:	Address: Street, City, State, Zip	Acqua	intance	Occupatio	n	Phone	
_								
		Model:						
or: omobile: Make:		Model:	Ye	ear:	License #:	l		
OI.		odel: Year: Licer						
		Have you ever been						
		tributing or manufacturing illegal drugs?						
		statements are true and correct, auth						
irnish additional credit refer	ences upo	on request. Applicant authorizes the 0	Owner/Ag	ent to obtain	n reports tha	at may i	include cred	
		orts, bad check searches, social secu Applicant consents to allow Owner						
ubsequent Owners/Agents.	-						-	
wner/Agent will require a payr	ment of \$_	, which is to be use	ed to scre	en Applicant.				
he amount charged is itemized	d as follows	S:		. •				
 Actual cost of credit repor Cost to obtain, process ar 	t, unlawful id verify sc	detainer (eviction) search, and/or other s reening information (may include staff tir	screening ne and ot	reports \$ her soft costs	s) \$			
3. Total fee charged \$								
he undersigned is applying	to rent the	e premises designated as:						
ot. No Located at _								
ne rent for which is \$ oplicant shall pay all sums due	per e, including	Upon approval of this apprequired security deposit of \$	olication, a	and execution before occup	of a rental/le ancy.	ease ag	reement, the	
Dete		A = 1P	4 / 6 5 5		<u>, </u>		_	
Date		Applican	t (signati	ure required)			



Unauthorized Reproduction of Blank Forms is Illegal.



CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic
 composition of any neighborhood, and we do not engage in any behavior or action that would result in
 "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.







□Tenant	
□Guarantor	

Name of Applicant:		

PART 7 – ICRAA NOTICE

NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT

☐ Landlord does <u>not</u> intend to request an investigative consumer report regarding the Applicant

Unless the box above is checked, Landlord intends to request an investigative consumer report regarding the Applicant's character, general reputation, personal characteristics, and mode of living. Under Section 1786.22 of the California Civil Code, the files maintained on you by the investigative consumer agency shall be made available to you during business hours and on reasonable notice, provided you furnish proper identification, as follows: (1) You may appear at the investigative consumer reporting agency identified below in person, (2) you may make a written request for copies to be sent by certified mail to a specified addressee, or (3) you may make a written request for a summary of the file to be provided over the telephone. The agency may charge a fee, not to exceed the actual duplication costs, if you request a copy of your file. The agency is required to have personnel available to explain your file to you, and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. If you are accompanied by a person of your choosing, the agency may require you to furnish a written statement granting permission to the investigative consumer reporting agency to discuss your file in the other person's presence. The agency that will prepare the report(s) identified in this section is listed below:

Agency 1:	
CheckPoin	t Screening
Name of Agency	
1911 Douglas Blvd #85-202, Roseville, CA 95661 Address of Agency	Phone: (888) 534-1233 Fax: (888) 332-4128
Agency 2 (if applicable):	
Oakwood A	Apartments
Name of Agency	
7620 N. El Dorado Street, Stockton, CA 95207 Address of Agency	Phone: (209) 478-7881 Fax: (209) 477-5293
If you would like a copy of the report(s) that is	/are prepared, please check the box below:
☐ I would like to receive a copy of the re	eport(s) that is/are prepared.
	to send the report to Applicant within three (3) business days clord may contract with another entity to send a copy of the repo

