



RENTAL APPLICATION
TURN-KEY PROPERTY MANAGEMENT
1502 Park Street, Paso Robles
P.O. Box 1715 PASO ROBLES, CALIFORNIA 93447
OFFICE (805) 239-0795 FAX (805) 239-3711
www.turn-keymgmt.com

Address or Type of Dwelling Wanted _____
Desired Date of Occupancy _____

PERSONAL INFORMATION

APPLICANTS FULL NAME _____

Social Security # _____ Email _____ Contact Ph # _____
Drivers License # _____ State Issued _____ Date of Birth _____

CO-APPICANTS FULL NAME _____

Social Security # _____ Email _____ Contact Ph # _____
Drivers License # _____ State Issued _____ Date of Birth _____

List all other Residents	Relation	18 or Over Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

Have you ever been evicted? _____ If yes, explain _____ Do you smoke? _____
Pets? _____ Type/Breed _____ Age of Pet _____
Other Remarks _____

RESIDENTIAL HISTORY (Minimum 5 years)

Current Address _____

City _____ State _____ Zip _____
Date Occupied _____ Date Vacating _____
Present Landlord or Mortgage Holder _____ Telephone _____
Amount of Rent \$ _____ Reason for Moving _____
Have you given your "notice to move" to this landlord? _____

Previous Address _____

City _____ State _____ Zip _____
Date Occupied _____ Date Vacated _____
Landlord or Mortgage Holder _____ Telephone _____
Amount of Rent \$ _____ Reason for Moving _____

Previous Address _____

City _____ State _____ Zip _____
Date Occupied _____ Date Vacated _____
Landlord or Mortgage Holder _____ Telephone _____
Amount of Rent \$ _____ Reason for Moving _____

BANKING AND CREDIT REFERENCES

BANK _____ Branch _____
Checking Account No. _____ Savings Account No. _____
Have you ever had any debts referred to a collection agency? _____ If yes, please list: _____

EMPLOYMENT INFORMATION

EMPLOYED BY _____ HOW LONG? _____
Employers address _____ Telephone _____
Position held _____ Supervisor _____
Monthly Gross Income \$ _____ Other Income \$ _____

CO-APPLICANT EMPLOYER _____ HOW LONG? _____
Employers address _____ Telephone _____
Position held _____ Supervisor _____
Monthly Gross Income _____ Other Income \$ _____

OTHER INFORMATION

Number of Automobiles (including Company cars) _____ List All Vehicles below:
Make _____ Model _____ Year _____ Color _____ Plate No. _____
Make _____ Model _____ Year _____ Color _____ Plate No. _____
Make _____ Model _____ Year _____ Color _____ Plate No. _____

Do you have other Recreational Vehicles? _____ How many? _____ Type _____
License numbers _____

In case of Emergency, Notify: _____ Relation _____
Address _____ Phone No. _____

**I hereby make application for a rental and certify that this information is correct.
I authorize you to run a consumer credit Report and to contact any references that I have listed.**

APPLICANT SIGNATURE _____ Date _____

CO-APPLICANT SIGNATURE _____ Date _____

Rental Application Qualifications: Rental eligibility is based upon:

- 1. Positive Credit Report
- 2. Minimum of 5 years positive rental history. **No Evictions!**
- 3. Employment verification by employer and/or pay stubs or W-2. Verifiable income must be no less than 3 times the amount of the monthly rent.
- 4. Valid Social Security Number or ITIN Card.
- 5. Copy of current Driver's License or other photo I.D.

Any false information submitted on an application will be cause for automatic denial.

Non-refundable application fee of \$30.00 for each adult must accompany this form for it to be processed