

<i>Office Use Only</i>					
<i>Date rec'd</i>	<i>Time</i>	<i># of Br</i>	<i>Source</i>	<i>#Mbrs</i>	<i>Initial</i>
<i>Date App Fee Rec'vd</i>		<i>CO. 265 Bldg.#</i>	<i>Unit#</i>		

RENTAL APPLICATION

VPM Management, Inc.

(A processing fee is required for this application)

Thank you for applying to rent with us. **Please provide us with all of the information requested on both sides of application form. Incomplete information will only delay the processing of your Rental Application.** PLEASE PRINT CLEARLY.

EACH INDIVIDUAL OVER 18 MUST COMPLETE A SEPARATE APPLICATION

Property Address: _____ Rent _____ Deposit _____

When do you plan to move into the property? _____

NAME _____ Date of Birth _____
First Middle Last MO/DAY/YEAR

SOCIAL SECURITY or ITIN # _____ DRIVERS LICENSE # _____

TELEPHONE NUMBERS—HOME () WORK ()

[illegible]

PLEASE LIST YOUR RESIDENCE HISTORY FOR NO LESS THAN TWO (2) YEARS

CURRENT ADDRESS					
Number	Street	Apt.#	City	State	Zip Code

OWNER/MANAGER _____

Name	Address	City	Telephone
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[illegible]

PREVIOUS ADDRESS					
Number	Street	Apt #	City	State	Zip Code

OWNER/MANAGER
Name Address City Telephone

[illegible]

PLEASE LIST YOUR EMPLOYMENT HISTORY FOR NO LESS THAN TWO (2) YEARS

CURRENT EMPLOYER		ADDRESS			
Company Name		Street	City	State	Zip Code

GROSS MO. SALARY \$	POSITION	HOW LONG?
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SUPERVISOR _____ TELEPHONE () _____ EXT# _____

PREVIOUS EMPLOYER _____ ADDRESS _____
Company Name Street City State Zip Code

GROSS MO. SALARY \$ _____ POSITION _____ HOW LONG? _____

SUPERVISOR _____ TELEPHONE () _____ EXT# _____

ADDITIONAL INCOME? _____ IF YES, AMOUNT \$ _____ SOURCE _____

IS APPLICANT OBLIGATED FOR PAYMENT OF CHILD SUPPORT OR SPOUSAL SUPPORT PAYMENTS?

_____ IF YES, PLEASE INDICATE MONTHLY PAYMENT AMOUNT \$ _____

PETS _____

Number and Description

WATER-FILLED FURNITURE _____

Description

AUTOMOBILES/MOTORCYCLES/BOATS TO BE PARKED ON THE PREMISES

Make	Model	Year	Color	License#
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Make	Model	Year	Color	License#
------	-------	------	-------	----------

Make	Model	Year	Color	License#
------	-------	------	-------	----------

BANK (Checking)

Bank Name	Address	City	Telephone	Account Number
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BANK (Savings)

Bank Name	Address	City	Telephone	Account Number
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CREDIT UNION

Credit Union Name and Address	Telephone	Account Number
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HAVE YOU EVER BEEN LATE IN THE PAYMENT OF YOUR RENT OR ANY OTHER FINANCIAL

OBLIGATIONS? _____ IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN THE DEFENDANT IN AN UNLAWFUL DETAINER (EVICTION) OR EVER HAD A

SUIT, JUDGEMENT, LIEN, REPOSSESSION, COLLECTION OR CHARGED OFF ACCOUNT? _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR INCARCERATED?

(Circle One)

YES

NO

PERSONAL/EMERGENCY

CONTACT

Full Name and Address

Telephone

Relationship

The information on this application is true and correct. I hereby authorize VPM Management, Inc. or its agents to verify the information contained herein and obtain a consumer or investigative credit report. I understand that the **\$30.00** fee for verifying this rental application is not a deposit or rent, and will not be applied to future deposit or rent and will not be refunded, even though this application is declined.

NOTE: APPLICANT MUST SIGN BELOW

Signature Required

DATE _____

Tenant Screening Report Authorization and Notice

Property Name: _____

Name _____ Date of Birth _____

Social Security or TIN # _____ ID or Driver's License # _____ State _____

Current Address _____

Previous Address _____

Cell Number () _____ Other Number () _____

If you have ever gone by any other names, please list here: _____

Email Address: _____

This Applicant's Estimated Monthly GROSS Income \$ _____

Total Number of Occupants in Household: _____ Total Household Monthly Gross Income \$ _____

As part of Landlord/Agent's screening procedure for residency, we may obtain the following report(s) about you in addition to a credit report:

	Nature of Report	Scope of Report
☒	Eviction Report	Nationwide previous or active eviction proceedings
☒	Criminal history record ¹	Nationwide felony convictions

The report(s) may contain information about your character, general reputation, personal characteristics and/or mode of living, and will be used, in part, to verify information contained in your application for residency. The report(s) will be obtained from:

LeasingDesk Screening

2201 Lakeside Blvd.

Richardson, Texas 75082

Questions about Report? 1-866-934-1124

A summary of consumer rights under the California Investigative Consumer reporting Agencies Act, California Civil Code § 1786.22 is attached.² Landlord/Agent reserves the right to verify any information provided by you in your application by any other method allowed by law.

By signing below, you authorize Landlord/Agent to obtain the indicated report(s). Additionally, if you are applying for residency with a co-applicant, you authorize Landlord/Agent to release any and all information related to your application for residency (including your application form, your credit reports, the report(s) indicated above and any notice of adverse action related to these items), to your co-applicants.

Landlord/Agent will provide you with a copy of your report(s) at your request. Please indicate below whether you want a copy of your report(s) and return this form to the leasing agent. If you request a copy of your report(s), they will be sent to you within 3 business days after Landlord/Agent receives the report(s).

☐ **Yes**, please send a copy of the report(s) to the address above. ☐ **No**, I do not want a copy of the report(s).

If you do not indicate a preference above, your report(s) will not be sent to you.

The information on this authorization and notice is true and correct. I hereby authorize Landlord/Agent to verify the information contained herein and obtain a consumer or investigative credit report. I understand that the \$ _____ fee for verifying this rental application is not a deposit or rent, and will not be applied to future deposit or rent and will not be refunded, even though this application is declined.

Signature Required _____ Date _____

Print Name _____

FOR OFFICE USE ONLY

A copy of the report(s) was/were provided to the applicant by ☐ personal delivery ☐ first class mail on

_____ by _____ (employee's name).

¹ While Landlord/Agent may obtain criminal history checks on potential residents, occupants, guests or contractors in the Community, Landlord/Agent has no duty to do so, and does not warrant or guarantee the personal safety of any resident, occupant, guest or other person in the Community.

² The issue as to whether the specified reports fall under the California Investigative Consumer Reporting Agencies Act ("ICRA") is contested and is currently being litigated. Landlord/Agent does not admit or concede that ICRA applies to these reports.

**Summary of Rights Under the
California Investigative Consumer Reporting Agencies Act**

California Civil Code § 1786.22

You have a right under California law to inspect files maintained on you by an investigative consumer reporting agency pursuant to any of the following procedures, during normal business hours and on reasonable notice:

- 1) You may personally inspect the files if you provide proper identification (e.g., valid driver's license, social security account number, military identification card, credit cards), and may receive a copy of the file for the actual cost of duplication services provided.
- 2) You may make a written request, by certified mail and with proper identification, as described above, for copies to be sent to a specified addressee.
- 3) You may make a written request, with proper identification as described above, for telephone disclosure of a summary of information contained in your files, if any toll charge is prepaid by or charged directly to you.

If you are unable to provide "proper identification" through the types of cards or numbers listed above, the agency may require additional information concerning your employment and personal or family history in order to verify your identity.

The agency must provide trained personnel to explain to you any information that the agency is required to furnish to you from your file. The agency also must provide you with a written explanation of any coded information contained in your files at the time your file is provided to you for inspection. You are permitted by law to be accompanied by one other person of your choosing when inspecting your files. That person must furnish reasonable identification. The agency may require you to provide the agency with a written statement granting permission to the agency to discuss your file in such person's presence. The agency also is not required by law to make available to you the sources of information in your files, although such information would be obtainable through discovery procedures in any court action brought under the Investigative Consumer Reporting Agencies Act.



INVESTIGATIONS

888 N. 1ST Street #201 SAN JOSE, CA 95112

Ph: (408) 392-9050 Fax: (408) 404-0883 www.atlassrvs.com

REQUEST FOR TENANT / PROPERTY OCCUPANCY BACKGROUND RESEARCH

COMPANY NAME: Foxdale Village Apartments

PHONE: 408-251-1142

AGENT NAME: _____

DATE: _____

FAIR CREDIT REPORTING ACT AGREEMENT

Compliance by Subscriber with all provisions of the Federal Fair Credit Reporting Act (Public Law 91-508. USC Section 1681 ET SEQ., 604-615) and Consumer Reporting Act (California Civil Code Sec. 1785.1-14) or other jurisdictional requirements. Information will be requested only for Subscribers exclusive use, and the Subscriber will certify the purpose for which the information is sought and the information will be used for no other purposes.

INDEMNIFICATION: Subscriber shall indemnify, defend and hold harmless from and against any and all cost and liabilities which may be asserted and/or assessed against ATLAS based upon the improper use by subscriber of any information furnished to subscriber by ATLAS.

APPLICANT OR SUBJECT INFORMATION

I AUTHORIZE WITHOUT RESERVATION, Any party or agency contacted by Atlas to furnish background information reports as described above. I further authorize Atlas to conduct the required background investigation as set fourth by the subscriber and understand that such information and reports may include the following data; credit report, criminal/civil records of federal, state, county and municipal levels.

SIGNATURE: _____ DATE: _____

PLEASE PRINT CLEARLY

SUBJECT NAME: _____ SS# _____

ADDRESS: _____ CITY: _____ STATE _____

ZIP: _____ DOB: _____

LIST PREVIOUS ADDRESS IF YOU RESIDED AT CURRENT ADDRESS LESS THAN 3 YEARS

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____