

TENANT APPLICATION

PROCESSING FEES: \$15 PER ADULT 18 YRS & OLDER; CASH ONLY IS REQUIRED
RETURN COMPLETED APPLICATION WITH PROCESSING FEE TO:
B&W MANAGEMENT, 135 S HALCYON RD, ARROYO GRANDE, CA 93420
OFC: (805) 489-0864 FAX: (805) 489-0883

*FAILURE TO COMPLETE APPLICATION THOROUGHLY WILL DELAY PROCESSING AND/OR CAUSE DENIAL. ALL POTENTIAL TENANTS 18 YRS. AND OLDER MUST COMPLETE AN APPLICATION.

*IF YOU ARE A FULL-TIME STUDENT WITH A COSIGNER: THE COSIGNER MUST FILL OUT THE GUARANTOR APPLICATION/AGREEMENT (THIS FORM CAN BE FOUND ON OUR WEBSITE BWMANAGEMENT.NET).

PROPERTY ADDRESS APPLYING FOR: _____
PREFERRED MOVE-IN DATE: _____ **PETS or Service Animals:** _____
NAMES & AGES OF ALL CHILDREN AND OTHER OCCUPANTS: _____

***** **APPLICATIONS WILL NOT BE PROCESSED WITHOUT SOCIAL SECURITY NUMBER** *****

APPLICANT #1 – NAME (FIRST/MIDDLE/LAST): _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH (MM/DD/YYYY): _____
CURRENT ADDRESS: _____ CITY/STATE/ZIP: _____
DATE MOVED IN: _____ DATE MOVING OUT: _____ RENT/MORTGAGE: \$ _____
REASON FOR MOVING: _____
LANDLORD(S) NAME: _____
LL ADDRESS: _____ LANDLORD PHONE NUMBER: _____

DRIVER LICENSE/ID NUMBER: _____ **STATE ISSUED:** _____ **EXP DATE:** _____
VEHICLE (MAKE & MODEL): _____ **YEAR:** _____ **COLOR:** _____
LICENSE PLATE NUMBER: _____ **STATE OF REGISTRY:** _____

NAME OF YOUR BANK: _____ **CHECKING: YES/NO** **SAVINGS: YES/NO**
BANK ADDRESS (CITY/STATE/ZIP): _____

HAVE YOU EVER BEEN EVICTED? : YES/NO **HAVE YOU EVER BEEN CONVICTED OF A FELONY? : YES/NO**
ARE YOU A REGISTERED SEX OFFENDER? : YES/NO IF YES TO ANY OF THESE ANSWERS PLEASE EXPLAIN: _____

OTHER NAME(S)/ALIASES USED IN PAST 3 YRS.: _____

PREVIOUS ADDRESS NEEDED REGARDLESS OF THE TIME AT CURRENT ADDRESS

PREVIOUS ADDRESS: _____ **CITY/STATE/ZIP:** _____
DATE MOVE IN (MM/YYYY): _____ **DATE MOVE OUT (MM/YYYY):** _____ **PAID: \$** _____
REASON FOR MOVING: _____
LANDLORD NAME: _____ **LANDLORD PHONE:** _____
LANDLORD ADDRESS: _____

EMPLOYMENT INFORMATION: IF LESS THAN 1 YR, ATTACH A SEPARATE LIST OF PREVIOUS EMPLOYERS. PLEASE PROVIDE LAST 2 MOST CURRENT PAYSTUBS (COPIES) OR OTHER CURRENT PROOF OF INCOME.

CURRENT EMPLOYER: _____ **HOW LONG? :** _____
ADDRESS: _____ **CITY/STATE:** _____
SALARY: \$ _____ **PERIOD: WEEKLY / BI-WEEKLY / MONTHLY** **STATUS: FULL-TIME / PART-TIME**
JOB TITLE: _____ **SUPERVISOR:** _____ **PHONE:** _____
OTHER INCOME: \$ _____ **SOURCE:** _____

IN CASE OF AN EMERGENCY NEAREST ADULT RELATIVE NOT LIVING WITH YOU (DO NOT LIST SPOUSE)

NAME: _____ **RELATION:** _____ **PHONE:** _____
ADDRESS: _____ **CITY/STATE/ZIP:** _____

APPLICANT #2 – NAME (FIRST/MIDDLE/LAST): _____
 SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH (MM/DD/YYYY): _____
 CURRENT ADDRESS: _____ CITY/STATE/ZIP: _____
 DATE MOVED IN: _____ DATE MOVED OUT: _____ RENT/MORTGAGE: \$ _____
 REASON FOR MOVING: _____
 LANDLORD(S) NAME: _____
 LL ADDRESS: _____ LANDLORD PHONE NUMBER: _____

DRIVER LICENSE/ID NUMBER: _____ STATE ISSUED: _____ EXP DATE: _____
 VEHICLE (MAKE & MODEL): _____ YEAR: _____ COLOR: _____
 LICENSE PLATE NUMBER: _____ STATE OF REGISTRY: _____

NAME OF YOUR BANK: _____ CHECKING: YES/NO SAVINGS: YES/NO
 BANK ADDRESS (CITY/STATE/ZIP): _____

HAVE YOU EVER BEEN EVICTED? : YES/NO HAVE YOU EVER BEEN CONVICTED OF A FELONY? : YES/NO
ARE YOU A REGISTERED SEX OFFENDER? : YES/NO ... IF YES TO ANY OF THESE ANSWERS PLEASE EXPLAIN: _____

OTHER NAME(S)/ALIASES USED IN PAST 3 YRS.: _____

PREVIOUS ADDRESS NEEDED REGARDLESS OF THE TIME AT CURRENT ADDRESS

PREVIOUS ADDRESS: _____ CITY/STATE/ZIP: _____
 DATE MOVE IN (MM/YYYY): _____ DATE MOVE OUT (MM/YYYY): _____ PAID: \$ _____
 REASON FOR MOVING: _____
 LANDLORD NAME: _____ LANDLORD PHONE: _____
 LANDLORD ADDRESS: _____

EMPLOYMENT INFORMATION: IF LESS THAN 1 YR., ATTACH A SEPARATE LIST OF PREVIOUS EMPLOYERS. PLEASE PROVIDE LAST 2 MOST CURRENT PAYSTUBS (COPIES) OR OTHER CURRENT PROOF OF INCOME.

CURRENT EMPLOYER: _____ HOW LONG? : _____
 ADDRESS: _____ CITY/STATE: _____
 SALARY: \$ _____ PERIOD: WEEKLY / BI-WEEKLY / MONTHLY STATUS: FULL-TIME / PART-TIME
 JOB TITLE: _____ SUPERVISOR: _____ PHONE: _____
 OTHER INCOME: \$ _____ SOURCE: _____

IN CASE OF AN EMERGENCY NEAREST ADULT RELATIVE NOT LIVING WITH YOU (DO NOT LIST SPOUSE)

NAME: _____ RELATION: _____ PHONE: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____

EMOTIONAL SUPPORT ANIMALS: THE HANDLER MUST PROVIDE A VALID LETTER FROM THEIR LICENSED MENTAL HEALTH PROFESSIONAL PRESCRIBING THE ESA AND VERIFYING THE EXISTENCE OF THE DISABILITY AND THE NEED FOR ACCOMMODATION

AUTHORIZATION TO VERIFY INFORMATION: I/WE, AUTHORIZE B&W MANAGEMENT, LANDLORD OR AUTHORIZED AGENTS TO VERIFY THE ABOVE INFORMATION, INCLUDING, BUT NOT LIMITED TO, EMPLOYMENT INFORMATION, OBTAINING CREDIT REPORT, AND ALL AND ANY INFORMATION CONTAINED THEREIN. IF ACCEPTED, I/WE AGREE TO EXECUTE THE RESIDENTIAL AGREEMENT, TO PAY ALL SECURITY DEPOSIT AND ONE FULL MONTH RENT AND, IF APPLICABLE, TO PAY A FULL PET DEPOSIT (\$500 PER PET). I/WE AUTHORIZE RELEASE OF INFORMATION FROM LANDLORDS AND EMPLOYERS TO B&W MANAGEMENT.

LYING OR PROVIDING FALSE INFORMATION OR OMITTING IMPORTANT INFORMATION ON THIS APPLICATION IS CAUSE FOR IMMEDIATE REJECTION, IF YOU HAVE ALREADY SIGNED A RENTAL AGREEMENT YOUR AGREEMENT WILL BE TERMINATED IMMEDIATELY. ALL MOVE-IN COST (FULL DEPOSIT AND ONE FULL MONTH RENT) MUST BE PAID IN CASHIERS CHECK OR MONEY ORDER ONLY. THIS APPLICATION IS THE PROPERTY OF B&W MANAGEMENT.

APPLICANT #1	DATE	PHONE#	E-MAIL ADDRESS
APPLICANT #2	DATE	PHONE#	E-MAIL ADDRESS