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: _____

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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**