



Pacific Sun Property Management, Inc.
 734 Chestnut Street, Suite B
 Santa Cruz, CA 95060

Phone: 831.471-2424
 Fax: 831.471-0888
 www.pacificsunrentals.com

TENANT APPLICATION

Property Address _____ Unit # _____

Applicant _____

Cell Phone _____ Email _____

Other names used within last 3 years _____

Names and Age of other Applicants _____

Pets (Number & Type) _____ Do you or any other applicants smoke? _____

Fraternity /Sorority Affiliation _____

Molds, mildew, fungi and low levels of chemical substances are present everywhere... indoors and outdoors.

Are you aware of, or suffer any adverse affects from, low levels of chemical substances in modern human environments?

Yes _____ No _____

Do you suffer from any health problems associated with exposure to mold spores, mildew, or fungi? Yes _____ No _____

Present Address _____ Telephone _____

City _____ State _____ Zip _____ Dates _____

Rent Amount _____ Reason for Leaving _____

Owner Name & Address _____

City _____ State _____ Zip _____ Telephone _____

Previous Address _____

City _____ State _____ Zip _____ Dates _____

Rent Amount _____ Reason for Leaving _____

Owner Name & Address _____

City _____ State _____ Zip _____ Telephone _____

EMPLOYMENT:

Present Employer _____ Dates _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Employed as _____ Salary _____ Per _____

Previous Employer _____ Dates _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Employed as _____ Salary: _____ Per _____

Other Income _____ Source _____

PERSONAL DATA:

Birthdate(Mo-Day-Yr) _____ Social Security Number _____

Drivers License Number _____ State _____ Expiration _____

Automobile Make & Model _____ Year: _____ License

Number _____ Color: _____

CREDIT:

Credit Reference: _____

Credit Reference: _____

NAME OF BANK _____ BRANCH

ADDRESS _____

IN CASE OF EMERGENCY:

Name of person to be informed _____

Relationship _____

Address _____

City _____ State _____ Zip _____ Telephone: _____

RECEIPT FOR DEPOSIT:

The applicant has deposited \$ _____ as a processing fee on property located at _____.

AUTHORIZATION TO VERIFY INFORMATION:

I authorize Owner or his/her Agents to verify the above information, including but not limited to obtaining a Credit report and if this application is accepted I agree to execute a residential lease or rental agreement.

Applicant Signature _____ Date _____

**PLEASE DELIVER YOUR APPLICATION TO 734 CHESTNUT STREET, SUITE B, SANTA CRUZ
ALONG WITH \$30 FOR PROCESSING.**