



**PEERLESS
MANAGEMENT, INC** *Residential Property Management*

270 East Douglas Avenue
El Cajon, CA 92020
Office: (619) 334-1114
Fax: (619) 401-4028

Thank you for choosing Peerless Management, the leaders in the residential property management business.

The following information is required to process your rental application.

1. **Rental Application** – Completely and accurately fill out the attached application
(*One application per person 18 years of age and older*)
2. **Application Processing Fee of \$30** (*Cash Only*) per application
3. Clearly legible copy of applicant's current **Driver's License, Military ID, or State ID.**
4. Clearly legible copy of applicant's **Social Security Card**
5. Clearly legible copies of applicant's **last two Pay Stubs or Other Proof of Income.**

Self-Employed individuals **MUST INCLUDE** the following:

- Last three (3) Business Bank Statements
- Last three (3) Personal Bank Statements
- Latest Tax Return
- Profit & Loss Statement AKA Income Statement

Please bring the above items with you when previewing the property or drop it off at our office building with the receptionist, Monday - Friday 9:00am – 4:30pm.

NOTE: Application(s) missing required documentation or information will be delayed.

Thank you.

Peerless Management, Inc.
270 East Douglas Avenue
El Cajon, CA 92020
www.Rentals-SD.com

Serving San Diego Since 1972

Rev 03-05-2015

APPLICATION TO RENT/SCREENING FEE

I. APPLICATION TO RENT

THIS SECTION TO BE COMPLETED BY APPLICANT. A SEPARATE APPLICATION TO RENT IS REQUIRED FOR EACH OCCUPANT 18 YEARS OF AGE OR OVER, OR AN EMANICIPATED MINOR.

Applicant is completing Application as a (check one) tenant, tenant with co-tenant(s)

Total number of applicants _____

PREMISES INFORMATION

Application to rent property at _____ ("Premises")
Rent: \$ _____ per _____ Proposed move-in date _____

PERSONAL INFORMATION

FULL NAME OF APPLICANT _____
Social security No. _____ Driver's license No. _____ State _____ Expires _____
Phone number: Home _____ Work _____ Other _____
Email _____
Name(s) of all other proposed occupant(s) and relationship to applicant _____
Pet(s) or service animals (number and type) _____
Auto: Make _____ Model _____ Year _____ License No. _____ State _____ Color _____
Other vehicle(s): _____
In case of emergency, person to notify _____ Relationship _____
Address _____ Phone _____
Does applicant or any proposed occupant plan to use liquid-filled furniture? No Yes Type _____
Has applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years? No Yes
If yes, explain _____
Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony? No Yes
If yes, explain _____
Has applicant or any proposed occupant ever been asked to move out of a residence? No Yes
If yes, explain _____

RESIDENCE HISTORY

Current address _____ City/State/Zip _____ From _____ to _____ Name of Landlord/Manager _____ Landlord/Manager's phone _____ Do you own this property? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason for leaving current address _____	Previous address _____ City/State/Zip _____ From _____ to _____ Name of Landlord/Manager _____ Landlord/Manager's phone _____ Did you own this property? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason for leaving this address _____
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EMPLOYMENT AND INCOME HISTORY

Current employer _____ Employer's address _____ Position or title _____ Employment gross income \$ _____ per _____ Previous employer _____ Employer's address _____ Position or title _____	Supervisor _____ From _____ To _____ Supervisor's phone _____ Phone number to verify employment _____ Other \$ _____ per _____ Source _____ Supervisor _____ From _____ To _____ Supervisor's phone _____ Employment gross income \$ _____ per _____
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Applicant's Initials _____

Reviewed by _____ Date _____



Property Address: _____ Date: _____

CREDIT INFORMATION

Name of creditor	Account number	Monthly payment	Balance due

Name of bank/branch	Account number	Type of account	Account balance

PERSONAL REFERENCES

Name _____	Address _____
Phone _____	Length of acquaintance _____ Occupation _____
Name _____	Address _____
Phone _____	Length of acquaintance _____ Occupation _____

NEAREST RELATIVE(S)

Name _____	Address _____
Phone _____	Relationship _____
Name _____	Address _____
Phone _____	Relationship _____

Applicant understands and agrees: (i) this is an application to rent only and does not guarantee that applicant will be offered the Premises; and (ii) Landlord or Manager or Agent may accept more than one application for the Premises and, using their sole discretion, will select the best qualified applicant.

Applicant represents the above information to be true and complete, and hereby authorizes Landlord or Manager or Agent to: (i) verify the information provided; and (ii) obtain credit report on applicant.

If application is not fully completed, or received without the screening fee: (i) the application will not be processed, and (ii) the application and any screening fee will be returned.

Signature _____ Date _____

II. SCREENING FEE

THIS SECTION TO BE COMPLETED BY LANDLORD, MANAGER OR AGENT.

Applicant has paid a **nonrefundable** screening fee of \$ _____, applied as follows: (The screening fee may not exceed \$30.00 adjusted annually from 1-1-98 commensurate with the increase in the Consumer Price Index.) A CPI inflation calculator is available on the Bureau of Labor Statistics website, www.bls.gov. The California Department of Consumer Affairs calculates the applicable screening fee amount to be \$37.57 as of 2006.

\$ _____ for credit reports prepared by _____ ;

\$ _____ for _____ (other out-of-pocket expenses); and

\$ _____ for processing.

The undersigned has read the foregoing and acknowledges receipt of a copy.

Applicant Signature _____ Date _____

The undersigned has received the screening fee indicated above.

Landlord or Manager or Agent Signature _____ Date _____

Reviewed by _____ Date _____





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VERIFICATION OF TENANCY Rev 03-05-2015

Tenant Name: _____

Tenant *Current Address* of Residence: _____ Landlord number: (____) _____

Tenant *Previous Address* of Residence: _____ Landlord number: (____) _____

Applicant Signature

I hereby authorize Peerless Management, Inc. to process my rental application(s) and verify the following information.

***** THIS AREA TO BE COMPLETED BY LANDLORD *****

Move-In Date: ____ / ____ / ____ *Move-Out Date:* ____ / ____ / ____

Monthly Rental Amount: \$ _____

Number of delinquencies during residency? _____ *Number of NSF fees charged?* _____

Did tenant give 30-day notice? _____ *Would you rent to tenant(s) again if qualified?* _____

Reason for vacating? _____

Has tenant received written complaints/violations? _____
If yes, explain _____

Name: _____ Number: _____

Title/Position: _____

Thank you for your prompt attention completing and faxing this request back.

Peerless Management, Inc.