

# THE OAKTOPS APARTMENTS

251/253 Channing Way , San Rafael, CA 94903

## RENTAL APPLICATION National Credit FAX 800-819-0055

Office Telephone # 415-479-6915

Fax # 415-492-2175 2S73-OT

+Utilities \$75 per month for Water/Sewer/Garbage  
\$500 Security Deposit, Garage Genie Deposit \$60 Credit Check \$35  
Pet Deposits-Dog\$500 Cat \$300

### 1. All Persons to Occupy Apartment:

A. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
B. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Pets: CAT? \_\_\_\_\_ DOG? \_\_\_\_\_ CIGARETTE SMOKER? \_\_\_\_\_

### 2. Residency History:

A. \_\_\_\_\_  
Current Community Name (if applicable) \_\_\_\_\_ Manager/Owner's Name \_\_\_\_\_ Area Code/Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ How long \_\_\_\_\_ Amount Paid \_\_\_\_\_  
B. \_\_\_\_\_  
Previous Community Name (if applicable) \_\_\_\_\_ Manager/Owner's Name \_\_\_\_\_ Area Code/Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ How long \_\_\_\_\_ Amount Paid \_\_\_\_\_

### 3. Employment Information :

A. \_\_\_\_\_  
Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How Long? \_\_\_\_\_ Monthly Income (Area Code)Phone # \_\_\_\_\_  
B. \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How Long? \_\_\_\_\_ Monthly Income (Area Code)Phone # \_\_\_\_\_  
Source of Additional Monthly Income \_\_\_\_\_ Monthly Amount \_\_\_\_\_

### 4. Credit References:

A. \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Saving/Checking \_\_\_\_\_ (No Numbers required) \_\_\_\_\_ Phone Number \_\_\_\_\_  
B. \_\_\_\_\_  
Major Credit Card \_\_\_\_\_ (No Numbers required) \_\_\_\_\_ Expiration Date \_\_\_\_\_  
C. \_\_\_\_\_  
Major Credit Card \_\_\_\_\_ (No Numbers required) \_\_\_\_\_ Expiration Date \_\_\_\_\_

### 5. Other Information:

A. Automobile: \_\_\_\_\_ Year \_\_\_\_\_ CA License \_\_\_\_\_  
Automobile: \_\_\_\_\_ Year \_\_\_\_\_ Car License # \_\_\_\_\_  
B. In Case of Emergency Notify \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_  
C. (A) Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(B) Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
D. Current Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
E. Has an Unlawful Detainer ever been filed against applicant? \_\_\_\_\_  
F. Name/Phone # of Personal Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_  
G. In case of Emergency, my key may be given to: \_\_\_\_\_ Relationship:daughter \_\_\_\_\_

**By signing this application I give the owner or management permission to run my credit and inquire regarding rental history or any other information needed to be able to complete this application process.**

**X**  
**Applicant's Signature** \_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### APARTMENT RESERVATION PAYMENT

Upon approval of Rental Reservation and in consideration of a Security Deposit of \$500.00, The Oaktops Apartments does hereby agree to hold apartment address 251/253 Channing Way Apt. # \_\_\_\_\_, San Rafael, CA 94903 to and including the \_\_\_\_\_ day of \_\_\_\_\_ who agrees to accept said apartment on said date at a rental rate of \$ \_\_\_\_\_ +\$75 utilities per month, payable in advance on the first day of each month, and to sign a lease for 6 or 12 months.

Upon the taking of possession by the prospective resident, the reservation deposit shall be applied to the Advance Payment (key, security, cleaning and repair deposit) requirement.

In the event the present resident, if any, does not vacate the premises voluntarily at the conclusion of the thirty (30) day notice, The Oaktops Apartments will make every effort to remove said party(s) from the premises at the earliest possible time. Further, The Oaktops Apartments will not be held responsible if the prospective resident is unable to move into said apartment. In such event, if the apartment is not available on said date for any reason whatsoever, the prospective resident may elect to have the reservation payment refunded.

Prospective resident acknowledges and understands that in the event said apartment is available and he does not take said apartment on said date, the reservation payment shall be retained by landlord as consideration of keeping the apartment off the rental market. Further Prospective Resident has 24 hours in which to cancel said reservation , at that time the holding deposit will be returned. Credit check/application fee is non refundable.

Date: Date: \_\_\_\_\_ Prospective Resident: X \_\_\_\_\_

Owner's Agent: Kimberly Fairbank, Property Manager \_\_\_\_\_ Prospective Resident: \_\_\_\_\_