

Rental Application

For Office Use:
 Property # _____ Unit # _____ Rent \$ _____ Move-in Date _____ Agent _____

*All sections must be completed. If not applicable, please insert N/A in appropriate section.
 Every proposed occupant 18 years or older must complete a separate application and pay the nonrefundable \$20 credit check fee.
 All information is kept confidential.*

I. Personal Information

Name (Last, First, Middle) _____ Alternate names, nicknames or maiden name _____

Date of Birth _____ Social Security Number _____

Driver's License Number _____ D.L. State of Issuance & Expiration Date _____

Phone Number (day time) _____ Phone Number (evening) _____ Alternate Phone Numbers (cell or pager) _____

Email Address: _____

How did you hear about us? (check one)

Dakotapm.com Craigslist.com Drove-by Other _____

Current resident referral – Name _____

Present Address _____ City _____ State _____ Zip Code _____

Date Moved In _____ Owner/Manager Name and Phone Number _____ Rent _____ Reason for Moving _____

Previous Address _____ City _____ State _____ Zip Code _____

Dates Moved In & Out _____ Owner/Manager Name and Phone Number _____ Rent _____ Reason for Moving _____

Previous Address _____ City _____ State _____ Zip Code _____

Dates Moved In & Out _____ Owner/Manager Name and Phone Number _____ Rent _____ Reason for Moving _____

Please list all other proposed occupants for this apartment.

| | | | |
|------|---------------|------|---------------|
| Name | Date of Birth | Name | Date of Birth |
| Name | Date of Birth | Name | Date of Birth |
| Name | Date of Birth | Name | Date of Birth |

Vehicles – Make and Model _____ Year _____ License No. and State _____

III. Reference & Emergency Information

| Personal Reference | Address and Phone Number | Length of Acquaintance | Relationship |
|--------------------|--------------------------|------------------------|--------------|
|--------------------|--------------------------|------------------------|--------------|

| In case of emergency, notify: | Address and Phone Number | Relationship |
|-------------------------------|--------------------------|--------------|
|-------------------------------|--------------------------|--------------|

IV. Authorization

I declare that the statements made in this Rental Application are true and complete to the best of my knowledge and belief. I hereby authorize verification of the above items including, but not limited to, the obtaining of a credit report, and agree to furnish additional credit references upon request. I authorize Dakota Property Management to run additional credit checks from time to time to verify my creditworthiness or to aid in collection of funds due. I understand that false statements or information will result in an automatic rejection of my Rental Application or termination of my occupancy.

X _____
Signature Date

Dakota Property Management supports the spirit and intent of all local, state, and federal fair housing laws for all residents, without regard to race, gender, color, nationality, age, sex, religion, sexual orientation, marital or familial status, or disability.

Professionally managed by:

Dakota Property Management
9715 Carroll Centre Road #105 San Diego CA 92126
24 hour drop slot at this location.
Phone: 858-549-3000 / Fax: 858-549-1121
website: dakotapm.com.

DAKOTA

PROPERTY MANAGEMENT

9715 Carroll Centre Road #105 San Diego CA 92126

TO: _____

Fax: _____

FROM: _____

Phone **858-549-3000**

Dakota Property Management

RE: RESIDENCY VERIFICATION

PLEASE FAX BACK TO: **858-549-1121**

The person named below has applied for an apartment with us. Your community/name was listed as a current or prior residence. This applicant, by his signature below, has authorized you to release his residency information to us. Your assistance in providing this information will be sincerely appreciated.

RESIDENT NAME: _____

ADDRESS: _____

APPLICANT'S AUTHORIZATION OF THIS INQUIRY

I hereby consent to the release of my residency information in the questions listed below.

Resident's Signature

Date

Move-In Date _____

Rent \$ _____

Deposit \$ _____

If yes to any questions, please explain briefly below. Thank you.

Have you given a notice to the tenant for any reason during the past year? yes no

Did the tenant give you fewer than 30 days notice that he was moving? yes no

Have you received any complaints from neighbors regarding the tenant? yes no

(For current residents only) Is the tenant delinquent on any rent owed? yes no

Was the tenant asked to move because he broke an agreement? yes no

Was the tenant late in paying rent once or more during the past year? yes no

Signature

Title

Telephone Number

DAKOTA

PROPERTY MANAGEMENT

9715 Carroll Centre Road #105 San Diego CA 92126

TO: _____ Fax: _____

FROM: _____
Dakota Property Management – Phone 858-549-3000

RE: EMPLOYMENT VERIFICATION

PLEASE FAX BACK TO: Dakota Property Management – Fax 858-549-1121

The person named below has applied for an apartment with our company. Your firm/company was listed as a current or prior employer for this person. This applicant, by his signature below, has authorized you to release his employment and income information to us. Your assistance in providing this information is sincerely appreciated. Thank you.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

DEPARTMENT OR TITLE: _____

APPLICANT'S AUTHORIZATION OF THIS INQUIRY

I hereby consent to the release of my employment and income information.

Applicant's Signature

Date

Name of Employee: _____

Dates of Employment: (from) _____ (to) _____

Title/Position: _____

Starting Salary
\$ _____

Ending Salary
\$ _____

Reason for leaving: _____

Other Comments: _____

Signature

Title

Telephone Number