

JACKSON LAKE APARTMENTS - 1533 JACKSON ST - OAKLAND CA 94612

Telephone: (510) 832-7636 Fax: (510) 832-4751 Email: jacksonlakeapts@yahoo.com

Applicant's Name: _____

Date: _____ Bldg # _____ Apt # _____ Type _____ Rent \$ _____ Deposit \$ _____

Parking inside \$ _____ Carport/lot parking \$ _____ Move in Special? Yes _____ No _____

Welcome and thank you for applying at the Jackson Lake Apartments! The following is information and the application you will need to apply for residency at the Jackson Lake Apartments. If you have any additional questions, please contact us at (510) 832-7636. Our hours are 9:00 AM – 5:00 PM Monday through Friday and 10:00 to 4:00 Saturday and Sunday.

Please note that you will need to sign a one-year (12 month) Lease

There is a \$30.00 screening fee per applicant:

Qualification: To qualify for residency at the Jackson Lake Apartments, all parties must have good credit and a gross monthly income of at least three (3) times the rent.

Title VIII of the CIVIL RIGHTS ACT OF 1968: as amended makes discrimination based on race, color, religion, sex, national origin, handicap or familial illegal in connection with the rental of most housing.

Equal Credit Opportunity Act: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applications based on sex or marital status.

Documentation: You will need to submit the following documentation with your application. We will make copies of all originals and return them to you.

1. Driver's License or Picture ID
2. Two most recent paychecks stubs
3. Current bill showing current name and address

Questionnaire: Please fill out the following short questionnaire. Please note that we will not process your application unless all the questions are answered. The two page application is attached to this cover sheet. Thank you!

1. When do you need to move in? _____ How many residents will live in the apartment? _____
 2. What is your current rent? _____
 3. Do you need Parking? _____
 4. Do you carry auto insurance? _____ If yes, with who? _____
 5. Do you have any pets? _____ if yes, what type pet _____ Size _____ How many _____
 6. Have you ever broken a rental agreement or lease? _____ If yes, why? _____
 7. Have you ever been evicted from a leased property? _____ If yes, why? _____
 8. Have you ever been convicted of a felony? _____ If yes, please explain _____
 9. How did you hear about Jackson Lake Apartments? Craig's List? _____ Walk-by (sign) _____
- Other _____ Referral _____ Referral Name _____

We look forward to processing your application! Please continue to the attached application pages.

FOR OFFICE USE ONLY:

Agents Name: _____

Date Application Submitted: _____ Time: _____

APPLICATION TO RENT

Tenant
 Guarantor

(all sections must be completed)

Individual applications required from each occupant 18 years of age or older.

| | | | | | | | |
|---------------------------------------|--|------------|--|-------------------|--|-------------------------------------|--|
| LAST NAME | | FIRSTNAME | | MIDDLENAME | | SOCIAL SECURITY NUMBER | |
| OTHER NAMES USED IN THE LAST 10 YEARS | | | | WORK PHONE NUMBER | | HOME PHONE NUMBER () | |
| DATE OF BIRTH | | EMAIL | | | | MOBILE/CELL PHONE NUMBER () | |
| DRIVER'S LICENSE NO. | | EXPIRATION | | STATE | | OTHER ID | |
| 1 PRESENT ADDRESS | | | | CITY | | STATE ZIP CODE | |
| DATE IN | | DATE OUT | | OWNER/AGENT NAME | | OWNER/AGENT PHONO. NO. () | |
| REASON FOR MOVING | | | | | | | |
| 2 PREVIOUS ADDRESS | | | | CITY | | STATE ZIP CODE | |
| DATE IN | | DATE OUT | | OWNER/AGENT NAME | | OWNER/AGENT PHONE NO. () | |
| REASON FOR MOVING | | | | | | | |
| 3 NEXT PREVIOUS ADDRESS | | | | CITY | | STATE ZIP CODE | |
| DATE IN | | DATE OUT | | OWNER/AGENT NAME | | OWNER/AGENT PHONO. NO. () | |
| REASON FOR MOVING | | | | | | | |

| | | |
|----------------------------------|------|------|
| PROPOSED OCCUPANTS | NAME | NAME |
| LIST ALL IN ADDITION TO YOURSELF | | |

| | | | |
|---------------------|----------|--|----------|
| WILL YOU have pets? | DESCRIBE | WILL YOU HAVE liquid filled furniture? | DESCRIBE |
|---------------------|----------|--|----------|

am am not a member of the Armed Forces (including the National Guard and Reserves).

| | | | |
|---|------------------------------|------------------|--|
| A Present occupation or source of income | | Employer name | |
| How long with this employer | Supervisor's Phone # () | Employer address | |
| Name of your supervisor | | City, State ZIP | |
| B Prior occupation | | Employer name | |
| How long with this employer | Supervisor's Phone # () | Employer address | |
| Name of your supervisor | | City, State ZIP | |

| | | | |
|-------------------------|-----|--|--|
| Current gross income \$ | PER | <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year | Please list ALL of your financial obligations below and on following page |
|-------------------------|-----|--|--|

| | | |
|-------------------|-------------------|----------------|
| Name of your bank | Branch or Address | Account Number |
| | | checking |
| | | savings |



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| Name of creditor | Address | Phone Number | Mo. pymt. amt. |
|------------------|---------|--------------|----------------|
| | | () | |
| | | () | |
| | | () | |
| | | () | |
| | | () | |
| | | () | |

| In case of emergency, notify: | Address | Phone | City | Relationship |
|-------------------------------|---------|-------|------------------------|--------------|
| 1. | | () | | |
| 2. | | () | | |
| Personal References: | Address | Phone | Length of Acquaintance | Occupation |
| 1. | | () | | |
| 2. | | () | | |

Automobile: Make _____ Model _____ Year _____ License # _____

Automobile: Make _____ Model _____ Year _____ License # _____

Other motor vehicles: _____

Have you ever filed for bankruptcy? _____ Have you ever been evicted or asked to move? _____

Have you ever been convicted of selling, distributing or manufacturing illegal drugs? _____

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owners/Agents.

Owner/Agent will require a payment of \$ _____, which is to be used to screen Applicant with respect to credit history and other background information. The amount charged is itemized as follows:

1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$ _____
2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$ _____
3. Total fee charged (cannot exceed \$30 per applicant, which may be adjusted annually with the CPI as of 1-1-98) \$ _____

The undersigned is applying to rent the premises designated as:

Apt. No. _____ Located at _____

the rent for which is \$ _____ per _____. Upon approval of this application, and execution of a rental agreement or lease, the applicant shall pay all sums due, including required security deposit of \$ _____, before occupancy.

Date _____ Applicant (signature required) _____

CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.



California Apartment Association Approved Form
 www.caamet.org
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