

# MAXWELL HOMES

141 HAWK DRIVE  
MERCED, CA 95341-8007  
PHONE (209) 383-6145  
FAX (209) 383-6068  
www.maxwellhomes.com

Property Applying For: \_\_\_\_\_

Looking For A: \_\_\_ Bdrm \_\_\_ Bath \_\_\_ Apt \_\_\_ House

Proposed Move In Date: \_\_\_\_\_

## Application To Rent

Please complete all sections of this application and attach proof of income. A separate application is required for each adult occupant 18 years of age and older. A security deposit and the first months rent is payable in Money Order or Cashiers Check only and due upon move in.

**CASH IS NEVER ACCEPTED AS PAYMENT**

### PERSONAL INFORMATION

Tenant

Guarantor for \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER		
OTHER NAMES USED IN THE LAST 10 YEARS		DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	EXP DATE
WORK PHONE NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS		

<b>ADDITIONAL OCCUPANTS</b> LIST THE NAMES AND AGES OF EACH	1	AGE	2	AGE
	3	AGE	4	AGE
	5	AGE	6	AGE

WE MAY ALLOW PETS WITH AN ADDITIONAL DEPOSIT. LARGE FISH TANKS WILL ALSO REQUIRE AN ADDITIONAL DEPOSIT. ADDITIONAL DEPOSIT IS EQUAL TO 1 MONTH OF RENT. RESTRICTIONS WILL APPLY.

WILL YOU HAVE PETS?	HOW MANY?	TYPE BREED WEIGHT	WILL YOU HAVE A FISH TANK?	GALLONS?
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### AUTOMOBILES

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #
MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #

### RESIDENTIAL HISTORY

<b>1</b>	PRESENT ADDRESS		CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MGR NAME	OWNER/MGR PHONE NUMBER	
	REASON FOR MOVING				
<b>2</b>	PREVIOUS ADDRESS		CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MGR NAME	OWNER/MGR PHONE NUMBER	
	REASON FOR MOVING				
<b>3</b>	PREVIOUS ADDRESS		CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MGR NAME	OWNER/MGR PHONE NUMBER	
	REASON FOR MOVING				

**INCOME**

CURRENT EMPLOYER		ADDRESS	PHONE NUMBER	SUPERVISOR'S NAME
POSITION	EMPLOYMENT DATES	GROSS INCOME \$	PER <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	
PRIOR EMPLOYER		ADDRESS	PHONE NUMBER	SUPERVISOR'S NAME
POSITION	EMPLOYMENT DATES	GROSS INCOME \$	PER <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	
OTHER SOURCE OF INCOME	VERIFICATION INFORMATION	GROSS INCOME \$	PER <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	

**BANK / FINANCIAL OBLIGATIONS (NOT REQUIRED)**

NAME OF YOUR BANK	BRANCH/ADDRESS	ACCOUNT NUMBER	
NAME OF CREDITOR	TYPE/EXPLANATION	PHONE NUMBER	MO. PYMT AMT

IN CASE OF EMERGENCY, NOTIFY:	PHONE NUMBER	ADDRESS	CITY/STATE	RELATIONSHIP
1				
2				
PERSONAL REFERENCES	PHONE NUMBER	ADDRESS	OCCUPATION	LENGTH OF ACQUAINTANCE
LIST TWO PERSONAL REFERENCES, NOT RELATED TO YOU, AND NOT LISTED AS A PREVIOUS LANDORD OR EMERGENCY CONTACT ON THIS APPLICATION				
1				
2				

Have you ever filed for bankruptcy? \_\_\_\_\_ Year: \_\_\_\_\_. Have you ever been evicted or asked to move? \_\_\_\_\_

Have you ever been convicted of a felony, or selling, distributing, or manufacturing illegal drugs? \_\_\_\_\_

NOTICE: By signing below, applicant declares that all responses 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 Maxwell Homes to disclose tenancy information to previous or subsequent owners/managers.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF APPLICATION SCREENING FEES**

Applicant has agreed to pay, the non-refundable sum of \$ \_\_\_\_\_ to pay for screening services for \_\_\_\_\_ adult(s). Such sum is not a rental payment or deposit amount and does not guarantee application approval. In the event this application is approved or disapproved, the sum will be retained by management to cover such screening costs.

\_\_\_\_\_  
Management signature Date