Oakwood Apartments 7620 N. El Dorado Street Stockton, CA 95207 Phone: (209) 478-7881

Fax: (209) 477-5293

APPLICATION CHECKLIST

All applicants must be at least 18 years of age or older. Only one application per person.

Applic	cant's Signature:	_ Date:
•	nay receive a referral credit if application and move-in requirem oplication is turned in we will be unable to give a referral credit.)	
history having Referr	ning this form you hereby give Oakwood Apartments permission y (including any evictions and unlawful detainers) through a full g any incomplete information that cannot be verified will automated by (Please fill out if someone	background check. Any falsification of information or atically disqualify the potential applicant. e from our apartment community referred you so
	ecurity Deposit and the first month's rent must be paid by cashied after the first month of residency.	er's check or money order. Personal checks will be
Move	in specials are subject to end without notice at any time. Rent a	mounts are subject to change.
I unde	erstand that there is a No Pet Policy which is subject to tenants'	rights under Federal and State Law N/A _Initial
depos	erstand that if the application is approved, a holding deposit will bit unless canceled within three days (72 hours) of application acc red security deposit at the time of move-in, for cleaning and dam	ceptance. This deposit will be applied towards my
_	Extra deposit may be required if applicant meets main criteria	with conditional acceptance.
_	No co-signers or guarantors will be allowed.	
=	Applicant's credit must be in good order. Credit must not hav collection account discrepancies.	e any unpaid liens, judgments, or any history of
_	Applicant criminal history will be reviewed.	
_	Applicant must have no evictions .	
_	Applicant must have a verifiable rental and payment history (Formula completely filled out with past three year's rental history. Pay Relatives will not be considered as a rental reference.	
_	Applicant must provide proof of monthly income. The proof of verifiable. Proof of income must show a sufficient, established 1 year with current employer. Application is to be completely monthly income must be two and a half times the rental rate of the complete states.	d monthly payment history of at least filled out with past three year's income history. The of the unit.
_	Applicant must provide original documentation of their Socia	I Security card for in-office photocopying.
_	Applicant must provide original documentation of valid pictu	re identification card for in-office photocopying.
_	The application must be submitted with a <u>\$35.00</u> non-refundation must submit an additional application along with a <u>\$30.00</u> no be paid in form of a <u>Cashier's Check or Money Order</u> .	

APPLICATION TO RENT

☐Tenant ☐Guarantor

(/	All sections m	iust be	complet/	.ed)	Individ	dual applicatio	ns rec	quired	from eac	ch occi	upan	it 18 ye	ars of a	ige or older.
Last Name				First Name				Middle Name Sc			Social Security Number or ITIN			
Other names used in the last 10 years				Wo	Work phone number			Home phone number						
Date of birth E-mail address					/				Mobile/0	Cell p	hone nu	mber		
Photo ID/Type		Number	r		Issuing governr	Issuing government Exp. date		Exp. date	Other ID					
1.	Present address				L			City Sta			ate		Zip	
	Date in	1	Date out		ent Name				Own	er/Agent	Phone r	number		
	Reason for moving out									Current \$	rent	/N/c	onth	
2.	Previous addre	ess					City			Ψ Sta	ate	/ 1010	Zip	
	Date in Da		Date out	ate out Owner/Agent Na							Owner/Agent Phone number			
	Reason for mo	oving ou	it											
3. Pro Oci	Next previous address							Cit	iy			State		Zip
	Date in D		Date out		Owner/Agent Name			(Owner/Agent Phone number		
	Reason for moving out													
Proposed Name Occupants:				Name DOB					DOB					
Lis	st all addition	Name						Name						
	yourself	Name				DOB Name							DOE	3
	you have	Describ	е			Do you have a Describe waterbed?								
•	ow did you hear	L r about t ⁱ	his renta	l?			altinec	11						
Α.	Current Emplo	Current Employer Name						Job Title or Position Dates of Em					Employment	
in a to y Do pet Hov	Employer add	Employer address						Employer/Human Resources phone number						
	City, State, Zip						Name of your supervisor/human resources manager							
Сι	 urrent gross inco	ome		Check	< one									
\$ B.	 _			Per □ We	ek □ M	onth 🗖 Year								
B.	Prior Employer Name						Job Title or Position Dates of Employment							
	Employer address						Employer/Human Resources phone number ()							
	City, State, Zip	p					Name	of you	r superviso	or/humar	n res	ources m	nanager	
Ot	ther income sou	urce				Amount \$	\$			Frequ	iency	·		
Other income source			Amount \$	\$ Frequency										







Name of your bank		Branch or address				Accoun	t Number	
	Pi	ease list ALL of your financial obli	gations b	elow.				
Name of Creditor		Address Phone				Mont	onthly Pymt. Am	
				()				
				()				
				()				
				()				
				()				
				()				
In case of emergency, no	otify:	Address: Street, City, St	Relationship		Phone			
Doroanal Dafaranaa		Address: Street, City, State, Zip Length of Acquaintance			Occupation		Phone	
Personal References		Address: Street, City, State, Zip	Acqua	intance	Occupan	OII	Phone	
tomobile: Make:		Model:	Ye	ar:	License #	# :		
lor:		Model:						
or:		el: Year: Licer						
		Have you ever been						
ve you ever been convicted of	selling, distrib	uting or manufacturing illegal drugs?						
irnish additional credit refere	ences upon r	tements are true and correct, authorizes the C	Owner/Ag	ent to obta	in reports th	nat may	include credi	
		s, bad check searches, social secu Applicant consents to allow Owner/						
ubsequent Owners/Agents.		, pp. 10 and 10					io promoto d	
wner/Agent will require a paym	nent of \$, which is to be use	ed to scre	en Applicar	nt.			
he amount charged is itemized	as follows:							
1. Actual cost of credit report	unlawful det	ainer (eviction) search, and/or other s ning information (may include staff tir	creening	reports \$	+α\ Φ			
 Cost to obtain, process and Total fee charged \$ 		ning information (may include stail til	ne and ou	ier soit cos	ιs) φ			
he undersigned is applying t	o rent the p	remises designated as:						
pt. No Located at								
		Upon approval of this app				lease ag	reement, the	
Jensant Shan pay an Sumo due	,o.aamig rec		,	23.210 0000	-panoj.			
Date		Applican	t (cianatı	ıre require	d)		_	



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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.





