

Lincoln Apartments  
350 E. Lincoln Road  
Stockton, CA 95207  
Phone: (209) 227-5744  
Fax: (209) 751-4615

### APPLICATION CHECKLIST

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

- The application must be submitted with a **\$35.00** non-refundable processing fee. Each additional person over 18 must submit an additional application along with a **\$30.00** non-refundable processing fee. The processing fee must be paid in form of a Cashier's Check or Money Order.
- Applicant must provide **original documentation of valid picture identification card** for in-office photocopying.
- Applicant must provide **original documentation of their Social Security card** for in-office photocopying.
- Applicant must provide proof of monthly income. The proof of income must be **original documentation and verifiable**. Proof of income must show a sufficient, established monthly payment history of at least 1 year with current employer. Application is to be completely filled out with past three year's income history. The monthly income must be two and a half times the rental rate of the unit.
- Applicant must have a verifiable rental and payment history (Present and Prior Addresses). Application is to be completely filled out with past three year's rental history. Payments must have been paid in a timely manner. Relatives will not be considered as a rental reference.
- Applicant must have **no evictions**.
- Applicant criminal history will be reviewed.
- Applicant's credit must be in good order. Credit must not have any unpaid liens, judgments, or any history of collection account discrepancies.
- No co-signers or guarantors will be allowed.**
- Extra deposit may be required if applicant meets main criteria with conditional acceptance.

I understand that if the application is approved, a holding deposit will be required to reserve unit. This is a non-refundable deposit unless canceled within three days (72 hours) of application acceptance. This deposit will be applied towards my required security deposit at the time of move-in, for cleaning and damages that may occur. \_\_\_\_\_ **Initial**

I understand that there is a **No Pet Policy** which is subject to tenants' rights under Federal and State Law. \_\_\_\_\_ **Initial**

Move in specials are subject to end without notice at any time. Rent amounts are subject to change.

The Security Deposit and the first month's rent must be paid by cashier's check or money order. Personal checks will be allowed after the first month of residency.

By signing this form you hereby give Lincoln Apartments permission to verify any and all employment, salary, and rental history (including any evictions and unlawful detainers) through a full background check. Any falsification of information or having any incomplete information that cannot be verified will automatically disqualify the potential applicant.

**Referred by** \_\_\_\_\_ (Please fill out if someone from our apartment community referred you so they may receive a referral credit if application and move-in requirements are met. If this is not filled out at the time that the application is turned in we will be unable to give a referral credit.)

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

# APPLICATION TO RENT

Tenant  
 Guarantor

(All sections must be completed) **Individual applications required from each occupant 18 years of age or older.**

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other names used in the last 10 years				Work phone number ( )		Home phone number ( )	
Date of birth		E-mail address				Mobile/Cell phone number ( )	
Photo ID/Type		Number		Issuing government		Exp. date	
Other ID							
1. Present address		City		State		Zip	
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving out						Current rent \$ /Month	
2. Previous address		City		State		Zip	
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving out							
3. Next previous address		City		State		Zip	
Date in		Date out		Owner/Agent Name		Owner/Agent Phone number	
Reason for moving out							
Proposed Occupants: List all in addition to yourself	Name			Name			DOB
	Name			Name			DOB
	Name			Name			DOB
Do you have pets?	Describe			Do you have a waterbed?	Describe		
How did you hear about this rental?							
A. Current Employer Name				Job Title or Position		Dates of Employment	
Employer address				Employer/Human Resources phone number ( )			
City, State, Zip				Name of your supervisor/human resources manager			
Current gross income				Check one			
\$				Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			
B. Prior Employer Name				Job Title or Position		Dates of Employment	
Employer address				Employer/Human Resources phone number ( )			
City, State, Zip				Name of your supervisor/human resources manager			
Other income source _____ Amount \$ _____ Frequency _____							
Other income source _____ Amount \$ _____ Frequency _____							



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Name of your bank	Branch or address	Account Number

Please list ALL of your financial obligations below.

Name of Creditor	Address	Phone Number	Monthly Pymt. Amt.
		(      )	
		(      )	
		(      )	
		(      )	
		(      )	
		(      )	

In case of emergency, notify:	Address: Street, City, State, Zip	Relationship	Phone
1.			
2.			

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
1.				
2.				

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_  
 Color: \_\_\_\_\_  
 Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_  
 Color: \_\_\_\_\_  
 Other motor vehicles: Make : \_\_\_\_\_ Model : \_\_\_\_\_ Year: \_\_\_\_\_ License # : \_\_\_\_\_ Color: \_\_\_\_\_

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, authorizes verification of the above items and agrees to furnish additional credit references upon request. Applicant authorizes the Owner/Agent to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. 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.

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 \$ \_\_\_\_\_

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/lease agreement, the applicant shall pay all sums due, including required security deposit of \$ \_\_\_\_\_, before occupancy.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant (signature required)



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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.



- Tenant
- Guarantor

Name of Applicant:

**PART 7 – ICRAA NOTICE**

**NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT**

Landlord does not intend to request an investigative consumer report regarding the Applicant

Unless the box above is checked, Landlord intends to request an investigative consumer report regarding the Applicant's character, general reputation, personal characteristics, and mode of living. Under Section 1786.22 of the California Civil Code, the files maintained on you by the investigative consumer agency shall be made available to you during business hours and on reasonable notice, provided you furnish proper identification, as follows: (1) You may appear at the investigative consumer reporting agency identified below in person, (2) you may make a written request for copies to be sent by certified mail to a specified addressee, or (3) you may make a written request for a summary of the file to be provided over the telephone. The agency may charge a fee, not to exceed the actual duplication costs, if you request a copy of your file. The agency is required to have personnel available to explain your file to you, and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. If you are accompanied by a person of your choosing, the agency may require you to furnish a written statement granting permission to the investigative consumer reporting agency to discuss your file in the other person's presence. The agency that will prepare the report(s) identified in this section is listed below:

**Agency 1:**

CheckPoint Screening

**Name of Agency**

1911 Douglas Blvd #85-202, Roseville, CA 95661 Phone: (888) 534-1233 Fax: (888) 332-4128

**Address of Agency**

**Agency 2 (if applicable):**

Lincoln Apartments

**Name of Agency**

350 E. Lincoln Road, Stockton, CA 95207 Phone: (209) 227-5744 Fax: (209) 751-4615

**Address of Agency**

If you would like a copy of the report(s) that is/are prepared, please check the box below:

I would like to receive a copy of the report(s) that is/are prepared.

If the box above is checked, Landlord agrees to send the report to Applicant within three (3) business days of the date the report is provided to Landlord. Landlord may contract with another entity to send a copy of the report.



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