

## Triplex Rental Application

Office Phone: 805.543.2032 Fax: 805.543.2040

**\$20 Application Fee**

Office Address: 1377 Stafford St #2 San Luis Obispo, CA 93405

Applicant's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Street

Phone # \_\_\_\_\_

City

State

Zip

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Net Income \_\_\_\_\_ per month Other Income \_\_\_\_\_ College Major \_\_\_\_\_

References \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I certify that the above information is correct and authorize you to contact all references

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### \*Guarantor Information\*

Name of Guarantor: \_\_\_\_\_

Guarantor's Street Address: \_\_\_\_\_

City

State

Zip

Guarantor (Home Phone)

(Cell Phone)

(Work Phone)

Guarantor Present Employer: \_\_\_\_\_

Name

Address

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Triplex Units are unfurnished\*