## **Property Associates Management Co. RENTAL APPLICATION**

1035 Sutton Way, suite D

PH# (530) 477-4328

**Grass Valley, CA 95945** 

FAX (530) 477-4325

A separate application is required for each occupant 18 yrs of age or older.

How did you hear about us? \_\_\_ The Union \_\_\_ theunion.com \_\_\_ nevadacounty4rent.com \_\_\_ Craig's List \_\_\_ Referral

Full Name:								Date of birth:		
SS#: DL#:					State:			Expires:		
Present Address:					City:			State:	Zip:	
Home Ph#:		Cell		Email:						
From: To:						Monthly rent:				
Present landlord:					Ph#:	Ph#:				
Reason for moving:					I.					
Previous Address:					City:	City:		State:	Zip:	
From: To:			N			onthly rent:				
Previous landlord:					Ph#:	Ph#:				
Reason for moving:										
If above rental history is l	ess than two	years,	provide additi	onal referen	ces cov	ering two y	yea	rs.		
Employer: Job Title:					S		Sı	Supervisor:		
How long?	ng? Net income/mo:			Other incom		me/mo:		Source:		
Previous employer:						Position:				
How long?					Net in	Net income/mo:				
Names of all proposed occupants.		1			2					
3		4			5					
Occupants smoke inside? Yes			No Occupan			ts smoke outside? Yes No				
List all proposed pets, age	e, breed, and	d weight	:	•						
Personal reference:					Y	Yrs Known:				
Address (city/state)			Ph#:		О	ccupation:				
Personal reference:					Y	Yrs known:				
Address:(city/state)			Ph#:		O	Occupation:				
List all Vehicles (age, ma	ike, model)	:								
Address of Desired Property:						Monthly Rent:				
Intended Date of Occupar	ncy:									

## **RENTAL APPLICATION – PAGE TWO**

1035 Sutton Way, suite D Grass Valley, CA 95945

PH# (530) 477-4328

FAX (530) 477-4325

Return your completed application with application fee to:

PROPERTY ASSOCIATES MANAGEMENT CO. 1035 SUTTON WAY, SUITE D GRASS VALLEY, CALIFORNIA, 95945

email: karen@nevadacounty4rent.com