



CULLIGAN MANAGEMENT COMPANY, INC.

Real Estate Investments and Management
 3700 South El Camino Real
 San Mateo, CA. 94403
 (650) 573-1500 (650) 571-8973 (FAX)

General e-mail: rent@culliganmgmt.com

*** Office Use Only ***

Date
 Property
 Unit #
 Rent
 Deposit
 # of Persons
 Move in Date

APPLICATION TO RENT

(All sections must be completed)

Individual applications are required from each occupant 18 years of age or older.

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
OTHER NAMES USED IN THE LAST 10 YEARS				OTHER ID		WORK PHONE NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NUMBER		EXPIRATION	STATE	HOME PHONE NUMBER	
1	PRESENT ADDRESS			CITY		STATE	ZIP CODE
DATE IN		DATE OUT		OWNER / MGR NAME		OWNER / MGR PHONE NO	
REASON FOR MOVING							
2	PREVIOUS ADDRESS			CITY		STATE	ZIP CODE
DATE IN		DATE OUT		OWNER / MGR NAME		OWNER / MGR PHONE NO	
REASON FOR MOVING							
3	PREVIOUS ADDRESS			CITY		STATE	ZIP CODE
DATE IN		DATE OUT		OWNER / MGR NAME		OWNER / MGR PHONE NO	
REASON FOR MOVING							

PROPOSED OCCUPANTS		NAME		DATE OF BIRTH		NAME		DATE OF BIRTH	
LIST ALL IN ADDITION TO YOURSELF									

WILL YOU HAVE PETS?		DESCRIBE		WILL YOU HAVE LIQUID FILLED FURNITURE?		DESCRIBE	
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A	PRESENT OCCUPATION OR SOURCE OF INCOME			EMPLOYER NAME		
HOW LONG WITH EMPLOYER		SUPERVISOR'S PHONE #		EMPLOYER'S ADDRESS		
NAME OF YOUR SUPERVISOR				CITY, STATE ZIP		
B	PRIOR OCCUPATION			EMPLOYER NAME		
HOW LONG WITH EMPLOYER		SUPERVISOR'S PHONE #		EMPLOYER'S ADDRESS		
NAME OF YOUR SUPERVISOR				CITY, STATE ZIP		
C	PRIOR OCCUPATION			EMPLOYER NAME		
HOW LONG WITH EMPLOYER		SUPERVISOR'S PHONE #		EMPLOYER'S ADDRESS		
NAME OF YOUR SUPERVISOR				CITY, STATE ZIP		

CURRENT GROSS INCOME \$		PER		CHECK ONE	
				[] WEEK, [] MONTH, [] YEAR	

