



**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)  
Website: [www.culliganmgmt.com](http://www.culliganmgmt.com)  
General e-mail: [rent@culliganmgmt.com](mailto:rent@culliganmgmt.com)

\*\*\* Office Use Only \*\*\*

Date: \_\_\_\_\_  
Property: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
Rent: \_\_\_\_\_  
Deposit: \_\_\_\_\_

## APPLICATION TO RENT

(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		
		Name			Name		
		Name			Name		
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 _____			

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 #: \_\_\_\_\_

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Other motor vehicles: \_\_\_\_\_

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 \$ \_\_\_\_\_ 0.00 \_\_\_\_\_, 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 month. 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)**

### 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.





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(TO BE ATTACHED TO THE RENTAL APPLICATION)

1. I/We have applied to rent an apartment from Culligan Management Co. Inc. As part of the application process, Culligan Management Co. Inc. may verify information contained in my/our rental application and in other documents required in connection with the application.
2. I/We authorize you to provide to Culligan Management Co. Inc. any and all information and documentation that they may request.
3. A copy or fax of this authorization may be accepted as an original.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date