

SHULTS & ASSOCIATES

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RENTAL APPLICATION

Thank you for your interest in our apartments. Please complete all requested information on the front and back of this form.

Date: _____ 20____

Size of Apt. requested: ___ Bdrm. ___ Bath	Address: _____	Apt. _____
Desired Date of Occupancy: _____ 20____		Desired End Date: _____ 20____

APPLICANTS NAME: _____ Date of Birth: _____

Permanent Address: _____ City: _____ St: _____ Zip: _____

Mobile: (____) _____ e-mail address: _____ @ _____

Drivers Lic. _____ State: _____ SS #. _____ **STRICT NO PET POLICY**

Student: _____ School: _____ Undergrad. Year/Status: _____ Non-Student: _____

ESA Owner: _____ If you answered yes, provide certificate and animal paperwork/Vaccination passport Breed: _____

*** Copies of Driver's License must accompany application**

OTHER RESIDENTS (or ROOMMATES)	RELATIONSHIP	CO-LESSEE (YES/NO)	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Group Representative (Contact Person): _____ **Cell.:** (____) _____

RESIDENCE HISTORY

PRESENT ADDRESS: _____ City: _____ St: _____ Zip: _____

Landlord Ph. No. (____) _____ Length of time at present address: _____ Amount of Rent: \$ _____

Property owner's Name: _____ Phone No. (____) _____

PREVIOUS ADDRESS: _____ City: _____ St: _____ Zip: _____

Previous Landlords Name: _____ Phone No. (____) _____

APPLICANTS EMPLOYMENT INFORMATION

PRESENT EMPLOYER: _____ How Long? _____ Position: _____

Employer's Address: _____ Phone: (____) _____ Salary: \$ _____ / Month

Other Income / Financial Aid: _____ Amount: \$ _____ / _____

BANKING & CREDIT REFERENCES

BANK: _____ Branch: _____ Check. Acct. No. _____

OTHER INFORMATION

Automobile - Make: _____ Year: _____ Color: _____ Lic. No. _____ State: _____

Registered Owner: _____ Address: _____ State: _____

IN CASE OF EMERGENCY, NOTIFY: _____ Relationship: _____

Address: _____ City: _____ St: _____ Zip: _____ Ph: (____) _____

Have you ever filed Bankruptcy? _____ Have you ever been evicted or asked to vacate a Rental? NO Did you forfeit any portion of your deposit at your last rental? _____ If you answered yes to any of the previous questions, please explain:

CO-SIGNER / GUARANTOR INFORMATION

PARENT or CO-SIGNERS NAME: _____ Relationship: _____

Residence: _____ City: _____ St: CA Zip: _____ Ph: (____) _____

Work/ Business: _____ Position: _____ Salary/ Income: \$ _____ / _____

Work Address: _____ City: _____ St: _____ Zip: _____ Ph: (____) _____

Personal Email: _____ @ _____ Work Email: _____ @ _____

Guarantor is required to complete and submit a third-party Guarantee Agreement along with copies of his/ her driver's license.

CERTIFICATION AND ACKNOWLEDGEMENT

APPLICANT, by signature hereto, certifies that the information listed in this application is correct and authorizes Agent, Landlord, to contact any references or prior resident sources listed for verification:

_____ **Date:** _____ **20** _____

PARENT, GUARANTOR, by signature hereto, agrees to guarantee all of the provisions of the Lease entered into by Applicant:

_____ **Date:** _____ **20** _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Date application received: _____ 20__		Recd. By: _____
Reference Verification:	Remarks	Advance deposits received:
___ Present Landlord: _____		Date: _____ 20__ Amt. \$ _____
___ Previous Landlord: _____		_____ 20__ \$ _____
___ Employment: _____		
___ Bank: _____		Application Approved: ___ Not Approved: ___