

Duchess of Windsor Apartments & SHIPWRIGHT APARTMENTS

524 & 830 Georgia St., Vallejo, CA 94590
Phone (707) 552-9925 Fax (707) 648-2721
email mail@duchessofwindsorapartments.com

RENTAL APPLICATION

Separate applications are required for all occupants 18 years or older.

Apartment number or letter applied for _____

Name _____

Phone _____ Email _____

Drivers Lic. #/State _____ Soc. Sec. # _____

Other Occupants _____ Age _____
(Use full name) _____ Age _____

Animals

List all animals (pets, service animals, emotional service animals) you intend to keep in your apartment during the term of this lease (one year).

Type _____ Breed _____ Age _____

Type _____ Breed _____ Age _____

Rental History

Current Address _____

Dates _____ to present Reason for leaving _____

Landlord name _____

Landlord phone _____ Landlord email _____

Previous Address _____

Dates _____ to _____ Reason for leaving _____

Landlord name _____

Landlord phone _____ Landlord email _____

Employment History

Current Employer _____ Job Title _____

Address _____

Dates Employed _____ to present Supervisor _____

Duchess of Windsor Apartments & **SHIPWRIGHT APARTMENTS**

Supervisor phone _____ Email _____

Previous Employer _____ Job Title _____

Address _____

Dates Employed _____ to _____ Supervisor _____

Supervisor phone _____ Email _____

Income

Total gross monthly income from all sources **Total** \$ _____

(List all sources) Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Banking and Credit Accounts (list checking, debit, savings)

Acct # _____ Bank _____ Branch _____

Acct # _____ Bank _____ Branch _____

Acct # _____ Bank _____ Branch _____

Debt and Monthly Payments

Total debt from all sources **Total** \$ _____

Total monthly payments all sources **Total** \$ _____

Have you ever filed for bankruptcy? yes no

(You must include the totals above even though you submit a credit report)

Personal History

Have you ever been convicted of a crime? yes no

Have you ever been convicted of a felony? yes no

Have you ever been evicted? yes no

Do you smoke? yes no

Duchess of Windsor Apartments & **SHIPWRIGHT APARTMENTS**

References

Name _____

Address _____

Email _____ Phone _____

Name _____

Address _____

Email _____ Phone _____

Emergency Contact

Name _____

Address _____

Email _____ Phone _____

I certify that all the information given in this application is true and correct and complete and I understand that my lease or rental agreement may be terminated if I have made any false or incomplete statement in this application, or if I have purposely omitted any information. I authorize verification of the information provided in this application to John Howland and Hannah Clayborn of the Duchess of Windsor and Shipwright Apartments by my banking and credit sources, current and former employers, current and former landlords, and references.

Name _____

Signature _____ Date _____

This application, along with a full credit report, should be emailed or faxed to the addresses on page 1 of this document.