



Application Requirements

Broker Lic #01860066
2201 Francisco Dr. Suite 140-196
El Dorado Hills, CA 95762
(916) 933-4995 Office (916) 933-4999 Fax

- 1. APPLICANT:** All persons 18 years and older are required to fill out a separate application. All applications must be legible, all sections must be completed and signed by the applicant prior to processing. All applicants must give written authorization for a credit check. We require \$30.00 processing fee to verify income, rental history or home ownership and credit. The fee is non-refundable if the application is processed even if the applicant is declined. We accept payment for processing in cash, money order or credit card. Please allow three working days to process. **MAKE MONEY ORDER OR CASHIERS CHECK PAYABLE TO: "LEU ENTERPRISES"**. A readable copy of your Government Issued Photo ID is required at the time of lease signing. You may fax your completed application to 916-933-4999.
- 2. INCOME/
EMPLOYMENT
HISTORY:** Legal and verifiable household gross income of at least three times the monthly rental rate. Self-employed persons will be required to show proof of income (bank statements, tax returns etc). If employed for less than one year, we will also verify previous employment records
- 3. RENTAL
HISTORY:** Approximately two recent years of favorable rental references or proof of ownership. Certain properties may allow a cosigner for lack of rental references.
- 4. CREDIT
STATUS:** Applicant must have a good credit history. Certain properties may allow a cosigner for lack of credit references. **NOTE:** We understand that these are extraordinary times. We will consider applicants that do not meet our normal credit criteria due to catastrophic medical bills or foreclosure/short sale if there are no other derogatory trades on their credit report
- 5. PAYMENT:** The first full month's rent & security deposit must be paid in advance by money order or cashier's check only.
- 6. PETS:** No pets are allowed unless otherwise stated and approved by owner. If allowed, there will be an increase in the security deposit of at least \$250.00 per pet. Breeds that are known to have a propensity for violence are prohibited under *any* circumstances. These breeds include, but are not limited to: Pit Bulls, Rottweiler's, German Shepherds, Doberman Pinchers, Chows, Mastiffs, or any mixes containing these breeds.

We agree to provide equal opportunity housing that supports the spirit and intent of all local, state, and federal fair housing laws for all applicants without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin. Applicant may be denied for any or all of the following reasons: negative credit (including but not limited to I-9's, collections, bankruptcies, judgments, liens), prior evictions, false information on the application, insufficient household income, current disputes with landlords, unfavorable rental references, or unfavorable employment references.

By signing below the applicant acknowledges they have read and understand the foregoing application requirements and agree to the terms as written.

Applicant Signature

Date



Broker Lic # 01860066
 2201 Francisco Dr., Ste 140-196
 El Dorado Hills, CA 95762
 916 933-4995 office; 916 933-4999 fax

APPLICATION TO RENT

A separate application is required for each applicant 18 years of age or older

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER OR ITIN
OTHER NAMES USED	DAY PHONE	EVENING PHONE	CELL PHONE
DATE OF BIRTH	DRIVERS LICENSE or ID #	STATE AND EXPIRATION	E-MAIL ADDRESS
PRESENT ADDRESS		CITY	STATE ZIP
DATE IN	DATE OUT	OWNER/ MGR NAME	PHONE
REASON FOR MOVING		CURRENT AMOUNT YOU ARE PAYING FOR RENT	
PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 2 YEARS)		CITY	STATE ZIP
DATE IN	DATE OUT	OWNER/ MGR NAME	PHONE
REASON FOR MOVING			
PROPOSED OCCUPANTS IN ADDITION TO YOURSELF		NAME	NAME
		NAME	NAME
CURRENT EMPLOYER OR INCOME	DATE BEGAN	OTHER INCOME	DATE BEGAN
ADDRESS	CURRENT MONTHLY AMOUNT	ADDRESS	CURRENT MONTHLY AMOUNT
CITY, STATE, ZIP	WORK PHONE	CITY, STATE, ZIP	
CONTACT NAME FOR VERIFICATION	POSITION:	CONTACT NAME FOR VERIFICATION	
CONTACT PHONE FOR VERIFICATION		CONTACT PHONE FOR VERIFICATION	
EMERGENCY CONTACT	ADDRESS	PHONE	RELATIONSHIP

Please indicate the length of lease requested; _____

Applicant Signature

Date

