

Bode Executive Property Management

P.O. Box 6036
Eureka, CA 95502

(707) 445-2020

APPLICATION TO RENT

Name

Application check list:

1. Sign your application (second page at the bottom).
Applications required on any applicant 18 years of age or older.
Applicant signature required to process.
2. Fill out your application in full.
3. Fill out service dog form. If you do not have a service animal, complete the top portion of the form with your name, date, and signature. If you do have a service animal, complete the bottom portion only.
4. Did you view the unit?
Address _____
Date viewed _____
5. \$20 non-refundable application fee per applicant. Cash, checks, or money orders accepted. Make payable to Bode Executive Property Management.
6. Completed application may be submitted the following:
 - Drop off location:
Bode Executive Property Management: 205 I Street Suite B, Eureka
 - * All applications, please leave in mailbox behind fence.
 - * Office is by **appointment only**; an appointment must be made to speak to a representative in-person.
 - Fax number: 707-441-4899
 - Email address: info@bodepropertymanagement.com
7. Rental applications can be downloaded from our website under Forms
www.bodepropertymanagement.com

APPLICATION TO RENT

Tenant
 Guarantor

(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
OTHER NAMES USED IN THE LAST 10 YEARS		WORK PHONE NUMBER	HOME PHONE NUMBER ()
DATE OF BIRTH	EMAIL		MOBILE/CELL PHONE NUMBER ()
DRIVER'S LICENSE NO.	EXPIRATION	STATE	OTHER ID
1 PRESENT ADDRESS	CITY		STATE ZIP CODE
DATE IN	DATE OUT	OWNER/AGENT NAME	OWNER/AGENT PHONE NO. ()
REASON FOR MOVING			
2 PREVIOUS ADDRESS	CITY		STATE ZIP CODE
DATE IN	DATE OUT	OWNER/AGENT NAME	OWNER/AGENT PHONE NO. ()
REASON FOR MOVING			
3 NEXT PREVIOUS ADDRESS	CITY		STATE ZIP CODE
DATE IN	DATE OUT	OWNER/AGENT NAME	OWNER/AGENT PHONE NO. ()
REASON FOR MOVING			

PROPOSED OCCUPANTS	NAME	NAME
LIST ALL IN ADDITION TO YOURSELF		

WILL YOU have pets?	DESCRIBE	WILL YOU HAVE liquid filled furniture?	DESCRIBE
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I am am not a member of the Armed Forces (including the National Guard and Reserves).

A	Present occupation or source of income	Employer name
	How long with this employer	Supervisor's Phone # () Employer address
	Name of your supervisor	City, State ZIP
B	Prior occupation	Employer name
	How long with this employer	Supervisor's Phone # () Employer address
	Name of your supervisor	City, State ZIP

Current gross income \$	PER	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Check One Please list ALL of your financial obligations below and on following page
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Name of your bank	Branch or Address	Account Number
		checking
		savings



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Name of creditor	Address	Phone Number	Mo. pymt. amt.
		()	
		()	
		()	
		()	
		()	
		()	

In case of emergency, notify:	Address	Phone	City	Relationship
1.		()		
2.		()		
Personal References:	Address	Phone	Length of Acquaintance	Occupation
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 and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owners/Agents.

Owner/Agent will require a payment of \$ _____, which is to be used to screen Applicant with respect to credit history and other background information. 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 (cannot exceed \$30 per applicant, which may be adjusted annually with the CPI as of 1-1-98) \$ _____

The undersigned is applying to rent the premises designated as:

Apt. No. _____ Located at _____

the rent for which is \$ _____ per _____. Upon approval of this application, and execution of a rental agreement or lease, 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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Bode Executive Property Mgmt.

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P.O. Box 6036
Eureka, CA 95502

Phone: (707) 445-2020
Fax: (707) 441-4899

We have no need for and have no service/comfort animals (needs to be dated and signed by all applicants.)

DATED: _____ **SIGNATURE** _____

DATED: _____ **SIGNATURE** _____

DATED: _____ **SIGNATURE** _____

SERVICE ANIMAL EXCEPTION:

We normally allow no dogs without an official assistance license or tag. If you have a guide dog, signal dog, service dog, or other service animal, please show us, and attach a copy of, the license and tag. They are issued by a county animal control department or county clerk. If you need a service animal that does not have an assistance license or tag, please tell us in writing, either by directly writing on this form, or by a letter attached to this form, why this is a reasonable accommodation for your disability. Please make sure the writing includes your name, and contact information.

Sign below, and follow the instructions above, if any applicant has a service/comfort animal. **This form must be dated and signed by all applicants.**

DATED: _____ **SIGNATURE** _____

DATED: _____ **SIGNATURE** _____

DATED: _____ **SIGNATURE** _____