



BHB PROPERTY MANAGEMENT COMPANY

P.O. BOX 2236, SARATOGA, CALIFORNIA 95070

TELEPHONE (408) 395-6188 FAX (408) 395-2276

EMAIL BETSY@BHBRENTALS.COM



TENANT APPLICATION

Property Address _____ APT. No. _____

TENANT CREDIT INFORMATION

NAME - LAST		FIRST		M.I.	JR. SR.	SPOUSE	
D.O.B - APPLICANT		SOCIAL SECURITY #		DRIVERS LIC. #		TELEPHONE	
D.O.B - SPOUSE		SOCIAL SECURITY #		DRIVERS LIC. #		LEGAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEP	
PRESENT ADDRESS - STREET		CITY		STATE		ZIP	HOW LONG
PRIOR ADDRESS - STREET		CITY		STATE		ZIP	HOW LONG
EMAIL ADDRESS				PETS?		WHAT KIND	
EMPLOYER	ADDRESS - STREET		CITY	STATE	ZIP		
POSITION	HOW LONG		SALARY		TELEPHONE		
EMPLOYER - SPOUSE	ADDRESS - STREET		CITY	STATE	ZIP		
POSITION	HOW LONG		SALARY		TELEPHONE		
BANK	BRANCH			CHECKING #		SAVING #	
AUTO MAKE	LIC #		AUTO MAKE		LIC #		
NO. CHILDREN	NAMES				AGES		

CREDIT REFERENCE

1)	ACCT #	ORIGINAL BAL	AMOUNT OWING
2)	ACCT #	ORIGINAL BAL	AMOUNT OWING
3)	ACCT #	ORIGINAL BAL	AMOUNT OWING

EMERGENCY CONTACT

NAME OF A PERSON NOT RESIDING WITH YOU:		RELATIONSHIP:	PHONE
ADDRESS:	CITY:	STATE:	ZIP CODE:

*** APPLICATION FEE IS NOT REFUNDABLE ***

I authorize Landlord or Authorized Agents to Verify the above information, including but not limited to obtaining a Credit Report and if this application is accepted, I agree to execute the residential lease or rental agreement. Applicant represents that all of the above statements are true and complete. Applicant authorizes verification of the information, references, rental and credit history records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this applicant if discovered prior to move-in.

Signature of applicant:	Date:
Signature of co-applicant:	Telephone No.