



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

Helping People. Changing Lives.

APPLICATION TO RENT

(All sections must be completed and legible)

Individual applications required from *each* occupant 18 years of age or older

Name: _____ Phone: _____ Cell: _____

E- Mail: _____ Social Security #: _____

Driver's Lic and State: _____ - _____ Birthdate (Mo/Da/Yr): _____

LIST ALL ADDITIONAL OCCUPANTS WHO WILL RESIDE IN UNIT

Email Address of Primary Applicant:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

RENTAL HISTORY

Current Address:

How Long: From (Month/Year): _____ To: _____ Rent Paid: \$ _____/mo

Owner/Manager: _____ Tel: _____ Reason for leaving: _____

Previous Address:

How Long: From (Month/Year): _____ To: _____ Rent Paid: \$ _____/mo

Owner/Manager: _____ Tel: _____ Reason for leaving: _____

Second Previous Address:

How Long: From (Month/Year): _____ To: _____ Rent Paid: \$ _____/mo

Owner/Manager: _____ Tel: _____ Reason for leaving: _____

Check here if you have no rental history

CURRENT EMPLOYMENT

Company Name: _____ Address: _____

Phone: _____ Occupation: _____ Monthly Salary: \$ _____/mo

Name of Supervisor: _____ Start Date: _____



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PREVIOUS EMPLOYMENT

Company Name: _____ Address: _____

Phone: _____ Occupation: _____ Monthly Salary: \$_____/mo

Name of Supervisor: _____ Start Date: _____ End Date: _____

ADDITIONAL INFORMATION

1. In the last 5 years have you:

Had any credit problems? Yes No If yes, explain: _____

Had an unlawful detainer filed against you? (excluding Covid19 rental debt) Yes No If yes, explain _____

Filed bankruptcy? Yes No If yes, explain: _____

Been evicted for non-payment of rent or for any other reason? (excluding COVID19 rental debt) Yes No If yes, explain: _____

2. Are you currently receiving housing assistance? Yes No If yes, please list: _____

3. Does anyone in your family require a unit that has been modified for a: Mobility Impairment Sight Impairment Hearing Impairment? N/A

4. Are any members of the household disabled? Yes No If yes, please list the name(s) of the disabled household member? _____

INCOME INFORMATION

Please list income from **all** sources for **all** household members.

Household Member	Source of Income	Amount Received	Weekly, Monthly, or Annually

ASSET INFORMATION

Please list assets held by all members of the household (Assets include, but are not limited to checking and savings accounts, trust funds, certificates of deposit, stocks and bonds)

Household Member	Account Type (checking, saving, etc.)	Current Balance



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BANKING INFORMATION

Name of Bank/S& L/Credit Union: _____ Branch Address: _____

Checking: Approx. Bal. \$ _____ Savings: Approx. Bal. \$ _____

Name of Bank/S& L/Credit Union: _____ Branch Address: _____

Checking: Approx. Bal. \$ _____ Savings: Approx. Bal. \$ _____

CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)

Company Name: _____ Present Balance \$ _____

Company Name: _____ Present Balance \$ _____

Company Name: _____ Present Balance \$ _____

PERSONAL REFERENCES

Name	Address & City	Phone	Years Known	Relationship

EMERGENCY CONTACT

Name: _____ Address: _____

Relationship: _____ Phone: _____

VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)

Year: _____ Make: _____ Model: _____ Color: _____ License#: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____ License#: _____ State: _____

Race/Ethnicity

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

Hispanic or Latino Ethnicity (please select only one): Hispanic or Latino Not Hispanic or Latino

Race (please select one or more): White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other: _____



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Applicant represents that all of the above statements are true and correct and hereby authorizes their verification including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references on request. Owner/Agent is authorized to obtain a credit report now.

In connection with my application for rental and/or employment, I understand that background inquiries may be made on myself including consumer, criminal, driving and other reports. Employment reports may include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. I understand that information may be requested from various federal, state and other agencies and entities, public and private, which maintain records concerning my past activities relating to driving, credit, criminal, civil and other experiences as well as claims involving me in insurance company files.

I authorize, without reservation, any party or agency contacted, to furnish completely and without limitation, any and all of the above mentioned information and any other information related thereto. Further, I will release from liability and will defend and hold harmless all requesters and suppliers of information in accordance herewith.

The undersigned makes application to rent housing accommodations designated for the amount and location as set forth above and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including requested deposits before occupancy.

Applicant understands and agrees (i) this is an application to rent only and does not guarantee that applicant will be offered the premises; and (ii) landlord, agent, or manager, may accept more than one application for the premises.

Total credit screening cost per applicant is \$35.00

Signature: _____

Date: _____