

RENTAL APPLICATION

DATE: _____ DATE & TIME RECEIVED: _____
 APT. #: _____ COMMUNITY: _____

The following must be completed in its entirety and verified prior to approval for occupancy:



 FULL NAME D.L. #/STATE OR OTHER GOVT. ISSUED PHOTO ID CARD # DATE OF BIRTH SS#

() HOME PHONE () WORK PHONE () CELL PHONE E-MAIL ADDRESS

LIST ALL OTHER OCCUPANTS WHO WILL RESIDE IN THE UNIT WHO ARE NOT REQUIRED TO COMPLETE AN APPLICATION:

 FULL NAME DATE OF BIRTH FULL NAME DATE OF BIRTH

 FULL NAME DATE OF BIRTH FULL NAME DATE OF BIRTH

RESIDENCE - HISTORY Verified By (Print Full Name & Initial) _____ Date _____

CURRENT HOME ADDRESS

 Street Address City State Zip Code

RENT OWN M/I DATE _____ M/O DATE _____ MONTHLY PAYMENT \$ _____

LANDLORD/MORTGAGE CO. _____ ()
 Name Phone

 Street Address City State Zip Code

PREVIOUS HOME ADDRESS

 Street Address City State Zip Code

RENT OWN M/I DATE _____ M/O DATE _____ MONTHLY PAYMENT \$ _____

LANDLORD/MORTGAGE CO. _____ ()
 Name Phone

 Street Address City State Zip Code

FINANCIAL INFORMATION Verified By (Print Full Name & Initial) _____ Date _____

CURRENT EMPLOYMENT (IF ANY)

 Company Name Type of business Phone

 Street Address City State Zip Code

JOB TITLE _____ SUPERVISOR NAME _____ HOW LONG? _____

GROSS MONTHLY INCOME \$ _____

OTHER INCOME:

INCLUDING BUT NOT LIMITED TO PENSION, CHILD SUPPORT, SPOUSAL SUPPORT, SSI, DISABILITY, OTHER GOVT. INCOME, RETIREMENT OR TRUST FUND INCOME, ETC. PLEASE SPECIFY SOURCE AND MONTHLY AMOUNT(S).

SOURCE _____ MONTHLY AMOUNT \$ _____

SOURCE _____ MONTHLY AMOUNT \$ _____

SOURCE _____ MONTHLY AMOUNT \$ _____

PERSONAL - IN CASE OF EMERGENCY

EMERGENCY CONTACT _____ (_____)
 Name Phone

 Street Address City State Zip Code

EMERGENCY CONTACT _____ (_____)
 Name Phone

 Street Address City State Zip Code

VEHICLES – LIST ALL VEHICLES THAT WILL BE ON PREMISES

COLOR	MAKE	MODEL	YEAR	LICENSE PLATE # / STATE

PETS

Do you own a pet? Yes _____ No _____ How Many? _____ Type(s) _____ Name(s) _____

As part of its screening procedure, Shea Properties will request a report about you that may include information about your character, general reputation, personal characteristics and mode of living. The name of the reporting agency that will prepare the report is First Advantage SafeRent, located at Attn: Consumer Relations, 7300 Westmore Road, Rockville, MD 20850-5223, (888) 333-2413¹. We may or may not request a national unlawful detainer/eviction report and/or a state and/or national criminal background report. By signing below, you authorize Shea Properties to obtain the report.

Indicate your desire to receive a copy of any report that is prepared about you. Yes No

In addition to receiving the consumer report, you have the right to inspect files that are maintained by First Advantage SafeRent about you pursuant to California Civil Code § 1786.10. Pursuant to California Civil Code § 1786.22, you may inspect these files and information during normal business hours and on reasonable notice by one of three methods: in person, by certified mail, or by telephone, each of which requires proper identification in accordance with California Civil Code § 1786.22(c). You must submit proper identification and pay the cost of duplication services. You may also receive a summary of the file by calling First Advantage SafeRent, which is required to have personnel available to explain your file to you, and it must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that the person furnishes proper identification.

Shea Properties reserves the right to verify any information provided by you in your application by any other method allowed by law².

The information on this application is true and correct. If any information is found to be false or incorrect, Shea Properties reserves the right to deny the application and/or residency. I hereby authorize Shea Properties or their agents to verify the above information and to obtain a consumer and/or investigative credit report. Shea Properties and its agents shall have a continuing right to review my rental application, payment history and occupancy history for account review purposes and for improving application methods. I understand that the fee for verifying this application is not a deposit or rent and will not be applied to rent or refunded even if this application is declined.

We may (but will not be obligated to) accept your signed Application and/or Lease by fax. Notwithstanding any provision of law to the contrary, including Evidence Code §§ 255 and 260, we may (but will not be obligated to) consider a faxed Application and/or Lease as an original. Original signature application and notarized lease documents are required prior to move-in date.

DATED _____ TIME _____ APPLICANT SIGNATURE _____

DATED _____ TIME _____ MANAGING AGENT FOR SHEA _____
 CA Broker's License #01382566

APPLICATION: APPROVED _____ MANAGEMENT _____
 DECLINED _____ DATE _____

¹ The issue as to whether the specified reports fall under the California Investigative Consumer Reporting Agencies Act ("ICRA") is contested and is currently being litigated. Shea Properties does not acknowledge or agree that the reports it obtains from First Advantage SafeRent constitute "investigative consumer reports" within the meaning of California Civil Code §1786.2, or that this or any report that it may obtain is otherwise subject to the provisions of the California Investigative Consumer Reporting Agencies Act, California Civil Code §§ 1786 et seq. However, this is provided to give you the information that you would otherwise be entitled to if a report is an investigative consumer report.

² While Shea Properties may obtain criminal history checks on potential residents, occupants, guests or contractors in the Community, Shea Properties has no duty to do so, and does not warrant or guarantee the personal safety of any resident, occupant, guest or other person in the Community.