

# SYCAMORE GREEN APARTMENTS RENTAL RESERVATION

Telephone # 925-689-2224

Fax # 925-689-2289

**1. All Persons to Occupy Apartment:**

**Credit Check/Application Fee:**  
**\$30 per Adult (Non-Refundable)**

- A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
D. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Date of birth needed for all children listed above.**

**2. Residency History:**

- A. \_\_\_\_\_  
Current Community Name (if applicable) Manager/Owner's Name Area Code/Phone #  
Street Address Apt. # City State Zip Code How long Amount Paid  
B. \_\_\_\_\_  
Previous Community Name (if applicable) Manager/Owner's Name Area Code/Phone #  
Street Address Apt. # City State Zip Code How long Amount Paid

**3. Employment Information :**

- A. \_\_\_\_\_  
Current Employer Occupation How Long? Monthly Income (Area Code)Phone #  
B. \_\_\_\_\_  
Current Employer Occupation How Long? Monthly Income (Area Code)Phone #  
Source of Additional Monthly Income Monthly Amount

**4. Credit References:**

- A. \_\_\_\_\_  
Name of Bank Saving/Checking (No Numbers required) Phone Number  
B. \_\_\_\_\_  
Major Credit Card (No Numbers required) Expiration Date  
C. \_\_\_\_\_  
Major Credit Card (No Numbers required) Expiration Date

**5. Other Information:**

- A. Automobile: \_\_\_\_\_ Year \_\_\_\_\_ Car License # \_\_\_\_\_  
Automobile: \_\_\_\_\_ Year \_\_\_\_\_ Car License # \_\_\_\_\_  
B. In Case of Emergency Notify \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_  
C. (A) Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(B) Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
D. Current Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
E. Has an Unlawful Detainer ever been filed against applicant? \_\_\_\_\_  
F. Name/Phone # of Personal Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_  
G. In case of Emergency, my key may be given to: \_\_\_\_\_ Relationship: \_\_\_\_\_

**By signing this application I give the owner or management permission to run my credit and inquire regarding rental history or any other information needed to be able to complete this application process.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APARTMENT RESERVATION PAYMENT**

Upon approval of Rental Reservation and in consideration of a holding deposit of \$ \_\_\_\_\_, Sycamore Green Apartments does hereby agree to hold apartment \_\_\_\_\_ located at **2520 Ryan Road, Concord, CA, 94518**. The rental lease shall begin on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at a monthly rental rate of \$ \_\_\_\_\_ per month, plus \$ \_\_\_\_\_ for utilities, payable on the first day of each month. The term of the lease shall be \_\_\_\_\_ months.

Upon taking possession by the prospective resident, the reservation deposit shall be applied to the Advance Payment (key, security, cleaning and repair deposit) requirement.

In the event the current resident does not vacate the premises voluntarily at the conclusion of their thirty (30) day notice, Sycamore Green Apartments will make every effort to remove said party(s) from the premises at the earliest possible time. Further, Sycamore Green Apartments will not be held responsible if the prospective resident is unable to move into said apartment. In such event, if the apartment is not available on said date for any reason whatsoever, the prospective resident may elect to have the reservation payment refunded.

Prospective resident acknowledges and understands that in the event said apartment is available and he/she does not take said apartment on said date, the reservation payment shall be retained by landlord as consideration of keeping the apartment off the rental market. **Further, Prospective Resident has 24 hours in which to cancel said reservation. At that time the holding deposit will be returned. Credit check/application fee is non-refundable.**

Date: Date: \_\_\_\_\_ Prospective Resident: \_\_\_\_\_

Owner's Agent: \_\_\_\_\_ Prospective Resident: \_\_\_\_\_