

SYCAMORE GREEN SOUTH RENTAL RESERVATION

Telephone # 925-689-2224

Fax # 925-689-2289

1. All Persons to Occupy Apartment:

Credit check/Application fee
\$30 per adult

- 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
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 South Apartments does hereby agree to hold apartment located at _____ **Oak Grove Road, Apt. # _____ Concord, CA, 94518.** The rental lease shall begin on the _____ day of _____ at a monthly 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 lanlord 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: _____