

SYCAMORE GREEN SOUTH 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. _____
 Current 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 #
- _____ List All Sources of Additional Monthly Income (if applicable) Monthly Amount

4. Credit References:

- A. _____
 Name of Bank Saving/Checking (No Numbers Required) Phone Number
- B. _____
 Name of Bank Saving/Checking (No Numbers Required) Phone Number

5. Other Information:

1. (A) Automobile: _____ Year _____ Car License # _____
 (B) Automobile: _____ Year _____ Car License # _____
2. (A) In Case of Emergency Notify _____ Relationship: _____ Phone # _____
 (B) In Case of Emergency Notify _____ Relationship: _____ Phone # _____
3. (A) Social Security # _____ Date of Birth _____
 (B) Social Security # _____ Date of Birth _____
4. (A) Home Phone # _____ Cell Phone # _____
 (B) Home Phone # _____ Cell Phone # _____
5. (A) In case of Emergency, my key may be given to: _____ Relationship: _____
 (B) In case of Emergency, my key may be given to: _____ Relationship: _____
6. Has an Unlawful Detainer ever been filed against applicant(s)? _____
7. Name/Phone # of Personal Reference(s): _____ 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, 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 South Apartments will make every effort to remove said party(s) from the premises at the earliest possible time. Further, Sycamore Green South 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: _____