

ECKERT INVESTMENTS

SEAVIEW APARTMENTS
6565 SABADO TARDE
GOLETA, CA 93117
PHONE: 805-685-3484
FAX: 805-685-7596

APPLICATION TO RENT (General)

NAME: _____ PHONE: _____ BIRTH DATE: _____
CURRENT ADDRESS: _____
(Street) (City) (State & Zip)

SOCIAL SECURITY NUMBER: _____ STUDENT/EMPLOYEE I.D. _____
DRIVER'S LICENSE NUMBER: _____ STATE ISSUING: _____
AUTO INFORMATION: COLOR: _____ YEAR: _____ MAKE: _____
MODEL: _____ LICENSE NO.: _____ STATE: _____ REG. OWNER: _____

STUDENTS SCHOOL NOW ATTENDING: _____
UNITS COMPLETED: _____ MAJOR: _____
SCHOOL REFERENCE (Coach, Teacher, etc.): _____ PHONE: _____
HONORS, GREEKS OR ANY EXTRA ACTIVITY CURRICULUM: _____

PARENT'S NAMES: _____ HOME PHONE #: _____
*HOME ADDRESS: _____ WORK PHONE #: _____
CITY, STATE, ZIP: _____ POSITION/JOB: _____

DATE YOU NEED TO MOVE IN: _____

PRESENT AND PAST RENTING

For the last 3 calendar years, fill in the following for each residence you rented. Start with present rental:

1. Address of Apt: _____ Mgr's Phone: _____
Name of Owner/Complex: _____
Dates of residence (beginning-ending): _____
Reason for leaving: _____
2. Address of Apt: _____ Mgr's Phone: _____
Name of Owner/Complex: _____
Dates of residence (beginning-ending): _____
Reason for leaving: _____
3. Address of Apt: _____ Mgr's Phone: _____
Name of Owner/Complex: _____
Dates of residence (beginning-ending): _____
Reason for leaving: _____

Have you ever been sued for rent, served with a 3-Day Notice to Pay Rent Or Vacate or been sued for eviction? _____

If your answer to any of the above 3 questions is in the affirmative, please explain in detail (attach separate sheet, if necessary).

* Please provide the Street Address or the Room Number. Not the P.O. Box Number

If you do not intend to reside alone, please fill in name and age of each person who is to reside with you.

INCOME/EMPLOYMENT

NAME ADDRESS AND PHONE NUMBER OF YOUR PRESENT EMPLOYER. STATE POSITION THAT YOU HOLD, IMMEDIATE SUPERIOR, AND LENGTH OF EMPLOYMENT (IF LESS THAN 1 YEAR, ALSO PROVIDE SAME INFORMATION FOR PREVIOUS EMPLOYER: _____

TOTAL MONTHLY INCOME = \$ _____ IF YOUR INCOME COMES FROM SOURCES OTHER THAN EMPLOYMENT, PLEASE BE SPECIFIC IN IDENTIFYING THE SOURCE, AMOUNTS, AND DATES WHEN MONEY IS USUALLY RECEIVED BY YOU (e.g. John & Mary Jones, parents \$150.00 a month, around 1st of month): _____

REFERENCES

CREDIT REFERENCES:

- 1) _____
(Bank) (Branch & Location) (Type of Account) (Acct. #)
- 2) _____
(Bank) (Branch & Location) (Type of Account) (Acct. #)
- 3) _____
(Major Credit Card: Visa or Mastercard)

PERSONAL REFERENCES

- 1) _____
(Name) (Address) (Phone) (Relationship)
- 2) _____
(Name) (Address) (Phone) (Relationship)
- 3) _____
(Name) (Address) (Phone) (Relationship)

I HEREBY APPLY TO RENT AN APARTMENT AT _____, SEAVIEW APARTMENTS, PAYING HERewith \$15.00 NON-REFUNDABLE AS A PROCESSING CHARGE. THIS CHARGE IS TO OFFSET OWNER'S EXPENSES, INCLUDING SUCH THINGS AS MANAGER'S TIME AND LONG DISTANCE CHARGES RELATING TO DOING THOSE THINGS THAT HAVE TO BE DONE TO CHECK-OUT APPLICANT'S APPLICATION. YOU ARE AUTHORIZED TO DO WHAT YOU DEEM APPROPRIATE TO VERIFY THE ABOVE INFORMATION AND TO OBTAIN SUCH ADDITIONAL INFORMATION AS YOU DEEM APPROPRIATE TO ACT ON THIS APPLICATION. ALL THOSE THAT YOU CONTACT ARE AUTHORIZED TO PROVIDE ALL INFORMATION THAT YOU REQUEST.

I UNDERSTAND THAT THE RENTAL AGREEMENT THAT I SIGN, IF MY APPLICATION IS ACCEPTED WILL CONTAIN THE FOLLOWING PROVISIONS IN RESPECT OF BEHAVIOR REQUIREMENTS, IN ADDITION TO OTHER PROVISIONS CONCERNING MY RIGHTS AND OBLIGATIONS.

"NOISE, ILLEGAL DRUGS, AND OTHER NUISANCE: Each of the following nuisances shall constitute a violation of this Rental Agreement, and each RESIDENT shall assure that each RESIDENT, member of RESIDENT'S household, guest, as well as persons under RESIDENT'S control refrains from:

- a. Use or possession of illegal drugs in, upon, or about the apartment or the complex of which it is a part;
- b. Creating or allowing the creation of live music involving electronic amplification from or about the apartment or the complex of which it is a part;

- c. The operation of TV, CD player, VCR, and/or other sound emitting device in a manner that results in sound being projected beyond the walls of the apartment;
- d. Loud, unruly, or disturbing partying or other activity;
- e. Failure to control children so that they do not cause damage and do not unreasonably disturb other residents of the complex.
- f. Use of the apartment for any business, commercial, or other non-residential purpose.
- g. Violation of any law, statute, or ordinance pertaining to the use of the premises.
- h. Keeping or storing hazardous, toxic, or combustible materials (other than normal household items) in or about the apartment or otherwise on the property in which the apartment is located."

I SUBMIT THIS APPLICATION WITH FULL UNDERSTANDING THAT THE POLICY OF ECKERT INVESTMENTS IS TO STRICTLY ENFORCE THE PROVISIONS OF THE RENTAL AGREEMENTS.

 (Date) (Signature)

NEXT OF KIN TO NOTIFY (IN CASE OF AN EMERGENCY OR OTHER CAUSE)

 (Name) (Address) (Phone) (Relationship)

GUARANTEE

If the foregoing Application is accepted, in order to induce OWNER to enter into a Rental Agreement with the APPLICANT, I hereby agree to, and do, unconditionally guarantee the APPLICANT'S unqualified performance of all of APPLICANT'S obligations under such Rental Agreement. I understand that all obligations of APPLICANT and other Co-renters (if any) will be joint and several and that as to OWNER, the renters' obligations are not apportioned or divided among the renters. OWNER need not take legal action or otherwise make demand upon APPLICANT before enforcing this guarantee. I shall be bound by any and all consents and waivers of APPLICANT. This guarantee shall apply to all Rental Agreements signed by Applicant, including extensions and renewals of tenancies, whether or not renters are the same.

Signature: _____ Phone: (home) _____ (work) _____
 Print Name: _____ Fax: _____
 Address: _____ Driver's License: _____ State: _____
 City, State: _____ Zip _____