For Office Use Only
(Circle One)
Approved / Denied
Date:
Grade:

(Circle One)
Received Payment:
Check / Money Order
$

SIRCO PROPERTY MANAGEMENT, INC.
446-150 Lassen Avenue
P.O. Box 312
Herlong, CA 96113
Telephone: (530) 387-5088
Fax: (530) 302-3603

Date of Application: _____ Application Fee: $ 40 *per adult*

Rental Property Address: _____ *(For Office Use Only)*

Terms of Rental: ☑ month-to-month

Desired Date of Move-In: _____

Unit size (check one): ☐ 2-Bd ☐ 3-Bd ☐ 4-Bd

Applicant Information:

Applicant (full legal name): _____

Other Names Used in the Last 10 Years: _____

SSN#: _____ DOB: _____ DL#: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Co-Applicant (full legal name): _____

Other Names Used in the Last 10 Years: _____

SSN#: _____ DOB: _____ DL#: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Initial: _____

Name of Occupants and Relationship/Birthdates: ☐ **PLEASE INDICATE IF S.I.R. TRIBAL MEMBER.**

SSN# REQUIRED IF 18+ YEARS OLD

1. Name: _____ Relationship: _____ DOB: _____
   SSN#: _____
2. Name: _____ Relationship: _____ DOB: _____
   SSN#: _____
3. Name: _____ Relationship: _____ DOB: _____
   SSN#: _____
4. Name: _____ Relationship: _____ DOB: _____
   SSN#: _____

Applicant/ Occupants Vehicle(s):

Make: _____ Model: _____ Yr: _____ Color: _____ License #: _____

Make: _____ Model: _____ Yr: _____ Color: _____ License #: _____

Current Employer:

Applicant:

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____

From: _____ To: _____ Monthly Income: _____

Co-Applicant:

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____

From: _____ To: _____ Monthly Income: _____

Initial: _____

Previous Employer:

Applicant:
Employer: Phone:
Address: City: State: Zip:
Job Title: Supervisor:
From: To: Monthly Income:

Co-Applicant:
Employer: Phone:
Address: City: State: Zip:
Job Title: Supervisor:
From: To: Monthly Income:

Current Rental History:

Applicant:
Landlord/Manager: Phone:
Rental Address: City: State:
From: To: Zip:
Reason for Leaving: Last Monthly Rent Paid: $

Co-Applicant:
Landlord/Manager: Phone:
Rental Address: City: State:
From: To: Zip:
Reason for Leaving: Last Monthly Rent Paid: $

Previous Rental History:

Applicant:
Landlord/Manager: Phone:
Rental Address City: State:
From: To: Zip:
Reason for Leaving: Last Monthly Rent Paid: $

Co-Applicant:
Landlord/Manager: Phone:
Rental Address: City: State:
From: To: Zip:
Reason for Leaving: Last Monthly Rent Paid: $

Initial:

Have applicant(s) ever rented from SIRCO Property Management, Inc.? ☐ Yes ☐ No

If so, what time period/s: From: _____ To: _____

Source(s) of Income: *(Please provide current check stub, or proof of income from ALL sources)*
Gross monthly Income: $_____

Other Income Source(s): $_____

Total Income: $_____

Bank Information:

Applicant Checking:
Branch Name: _____
Location: _____
Phone: _____

Applicant Savings:
Branch Name: _____
Location: _____
Phone: _____

Co-Applicant Checking:
Branch Name: _____
Location: _____
Phone: _____

Co-Applicant Savings:
Branch Name: _____
Location: _____
Phone: _____

Do you have pets? ☐ Yes ☐ No If yes, type/breed: _____

A $350.00 deposit will be required upon approval of each pet. (Maximum of 2 pets. See attached for additional pet requirements.)

Initial: _____

Have applicant(s) ever been evicted? ☐ Yes ☐ No If Yes, specify below

Have you ever been convicted of a felony? ☐ Yes ☐ No If Yes, specify below

Have you ever filed for bankruptcy? ☐ Yes ☐ No If Yes, specify below

Applicant Personal References:

1. Name: _____ Phone: _____ Years Known: _____
   Relationship: _____
2. Name: _____ Phone: _____ Years Known: _____
   Relationship: _____
3. Name: _____ Phone: _____ Years Known: _____
   Relationship: _____

Co-Applicant Personal References:

1. Name: _____ Phone: _____ Years Known: _____
   Relationship: _____
2. Name: _____ Phone: _____ Years Known: _____
   Relationship: _____
3. Name: _____ Phone: _____ Years Known: _____
   Relationship: _____

Emergency Contact Information:

Applicant:
Name: _____ Relationship: _____
Phone: _____ Address: _____

Co-Applicant:
Name: _____ Relationship: _____
Phone: _____ Address: _____

Initial: _____

Authorization for Release of Information:

Applicant(s) represents that all information given on this application is true and correct. Applicant(s) hereby authorizes disclosure and verification to owner/agent of all references and facts including but not limited to current and previous landlords and employers, and personal references. Applicant(s) hereby authorizes owner/agent to obtain any and all information and reports including but not limited to Unlawful Detainer, Evictions, Credit Reports, and/or criminal background reports. Applicant(s) agrees to furnish additional credit and/or personal references upon request. Applicant(s) understands that incomplete or incorrect information provided in the application may cause delay in processing which may result in denial of tenancy. Applicant(s) hereby waive any claim and releases from liability any person or company providing or obtaining said information.

All occupants eighteen (18) years of age or older who will reside in the unit are subject to a criminal background check and must provide their consent by signing below. Each adult occupant acknowledges and authorizes SIRCO Property Management, Inc. to obtain any reports and records necessary to determine eligibility for tenancy.

Adult Occupant Signature (18+): _____ Date: _____

Adult Occupant Signature (18+): _____ Date: _____

I hereby authorize disclosure and verification of any and all information provided in this application, including but not limited to financial and credit information via credit bureaus, and/or contact with current and previous employers, current and previous landlords, and personal references. I understand that I may revoke this authorization in writing at any time but that any person or company that released information based upon this authorization prior to revocation is released for any liability.

Applicant Signature: _____

Print Name: _____ Date: _____

Co- Applicant Signature: _____

Print Name: _____ Date: _____