

**Lindskog Family Investments, LP (L.F.I.)**  
**538 Fourth Street,**  
**San Rafael, CA 94901**  
**T: 415/ 454-0832**  
**F: 415/454-0881**



## **RENTAL QUALIFICATIONS AND APPLICATION INSTRUCTIONS**

**Thank you for your interest in renting at one of L.F.I.'s properties. We will process your application as quickly as possible. Please make sure that all necessary documentation and funds are included with your application.**

### **FACTORS WE CONSIDER IN PROCESSING YOUR APPLICATION:**

- 1) Gross income of at least two and one-half times (2 ½) the amount of rent.
- 2) A good credit score and no collection agency judgments.
- 3) A good rental history (no prior evictions and never served a notice to pay rent) and references (you were not asked to leave and you abided by the rules).

It is our policy to accept the first qualified applicant.

We accept a maximum of three residents in a one-bedroom apartment and four residents in a two-bedroom apartment.

Please note that we no longer allow smoking, liquid-filled furniture or pets in our units (with the exception of service animals).

### **RENTAL APPLICATION INSTRUCTIONS:**

- 1) Please fill out one application form for each person who is 18 or older. One application form per person, please.
- 2) Include **\$25** for each person 18 years or older who will be residing at this residence. This fee covers the cost of your credit report, unlawful detainer (eviction) search, and processing and verifying your screening information. This fee is non-refundable.
- 3) Please provide reliable documentation and telephone numbers to allow verification of all income.
  - A) If employed, please submit a copy of last year's W-2 form and two of your most recent pay slips.
  - B) If self-employed, you will need to submit a copy of your last two years of income tax returns and documentation for the current year.
- 4) Please provide a copy of one photo I.D. – i.e. driver's license or military I.D.

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## APPLICATION TO RENT

Please use a separate application for each adult applicant. All sections must be completed.

Property  
 Address \_\_\_\_\_

Requested date of  
 Rental \_\_\_\_\_

### PERSONAL INFORMATION

Name	Social Security No.
Present address	Drivers License No.
City / State/ Zip	Residence Phone / Cell
D.O.B. ( include D.O.B. of Minor Occupants)	

### GENERAL INFORMATION

Other Occupants Name(s):				
Car Make	Year	Model	Color	License No.

### EMPLOYMENT INFORMATION

Present Occupation	Business Phone
Employer	Supervisor
Self Employed d.b.a.	Title
Business Address	Employed From To
Type of Business	Monthly Gross Income (Salary)
Prior Occupation	Business Phone
Employer	Supervisor
Self Employed d.b.a	Title
Business Address	From To
Type of Business	Monthly Gross Income

Do you plan to run a business in the residence? Yes \_\_\_ No\_\_\_ If yes, what type? \_\_\_\_\_

Do you have a Section 8 Housing Voucher? Yes\_\_\_ No\_\_\_

**PLEASE BE ADVISED THAT WE NO LONGER ALLOW SMOKING, PETS, OR LIQUID-FILLED FURNITURE IN OUR UNITS.**

## REFERENCES

### Housing

Current Address	From	To
Landlord / Agent	Phone	
Reason For Moving	Current Rent	
Previous Address	From	To
Landlord / Agent	Phone	
Reason For Moving	Rent Amount	

### CREDIT

Bank	Checking	Savings
Address		
Phone Number		

### PERSONAL REFERERNCES

Name	Address	Phone	Length of Acquaintance
1.			
2.			
Emergency Contact:			
Name:			
Address:		Phone:	

Have you ever filed a petition for bankruptcy? \_\_\_\_\_

Have you ever been evicted from any tenancy or had an eviction notice served to you? \_\_\_\_\_

Have you ever willfully and intentionally refused to pay any rent when due? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony other than a traffic or parking violation? \_\_\_\_\_

Are you a current illegal abuser or addict of a controlled substance? \_\_\_\_\_

Have you ever been convicted of the illegal manufacture of distribution of a controlled substance? \_\_\_\_\_

If yes to any of the above, please indicate the date of occurrence & briefly explain: \_\_\_\_\_

\_\_\_\_\_

**Applicant represents that all the statements are true and correct and hereby authorizes verification of the following items including but not limited to obtaining a credit report, and agrees to furnish additional credit references upon request.**

**This application is for qualification purposes only and does not in any way guarantee the applicant that he/she will be offered this property. Processing fees are non-refundable. Applicant understands that Lindskog Family Investments, LP can and will accept more than one applicant on the rental property and Lindskog Family Investments, LP in its sole discretion will select the best-qualified tenant. Any application with missing information will be returned.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# RENTAL APPLICANT REFERENCE FORM

## TO BE COMPLETED BY APPLICANT

### Authorization by Rental Applicant for the Release of Information:

I hereby authorize the release of the information requested on this Rental Applicant Reference Request to the Owner/Agent listed below. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name \_\_\_\_\_ Phone number ( \_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY OWNER/AGENT

### Person Requesting the Rental Reference:

Name of Owner/Agent \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number ( \_\_\_\_ ) \_\_\_\_\_ Fax number ( \_\_\_\_ ) \_\_\_\_\_

### Applicant's Rental Information:

Name of rental community (if any) \_\_\_\_\_

Address of rental unit \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number ( \_\_\_\_ ) \_\_\_\_\_ Fax number ( \_\_\_\_ ) \_\_\_\_\_

Name of Owner/Agent \_\_\_\_\_

Phone number ( \_\_\_\_ ) \_\_\_\_\_ Fax number ( \_\_\_\_ ) \_\_\_\_\_

Move-in date: Month \_\_\_\_\_ Year \_\_\_\_\_ Move-out date: Month \_\_\_\_\_ Year \_\_\_\_\_

OR Current resident: Yes? \_\_\_\_\_ No? \_\_\_\_\_

**TO BE COMPLETED BY FORMER OR CURRENT OWNER/AGENT**  
**Rental Reference Information:**

Did Applicant live at your property during the period indicated above? Yes? \_\_\_\_ No? \_\_\_\_

If no, dates of occupancy? From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

How many times during the past 12 months did Applicant pay the rent late?  
Never? \_\_\_\_\_ 1-2? \_\_\_\_\_ 3-5? \_\_\_\_\_ 6? \_\_\_\_\_ Or, more? How many? \_\_\_\_\_

Was any check from Applicant returned due to non-sufficient funds (NSF)?  
Yes? \_\_\_\_ No? \_\_\_\_

Did you ever file for an unlawful detainer against Applicant for unpaid rent?  
Yes? \_\_\_\_ No? \_\_\_\_

If yes, what was the result?

Does Applicant owe any amount for delinquent rent, utilities or damage to unit?  
Yes? \_\_\_\_ No? \_\_\_\_

Did Applicant provide notice for ending tenancy according to the terms of the rental agreement?  
Yes? \_\_\_\_ No? \_\_\_\_ Not applicable because Applicant still resides at unit \_\_\_\_\_

Did you ever serve a Three Day Notice to Applicant?  
Yes? \_\_\_\_ No? \_\_\_\_

If yes, please explain:

Information provided by:

Name \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

Information obtained by: Phone \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_

# EMPLOYMENT VERIFICATION FORM

## TO BE COMPLETED BY APPLICANT

### Authorization by Rental Applicant for the Release of Information:

I hereby authorize the release of the information requested on this Employment Applicant Reference Request to the Owner/Agent listed below. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name \_\_\_\_\_ Phone number ( \_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY OWNER/AGENT

### Person Requesting the Employment Reference:

Name of Owner/Agent \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number ( \_\_\_\_ ) \_\_\_\_\_ Fax number ( \_\_\_\_ ) \_\_\_\_\_

### Applicant's Employment Information:

\_\_\_\_\_ Present \_\_\_\_\_ Prior Occupation (check one)

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's/HR Manager's Name \_\_\_\_\_

Employer/HR Phone number ( \_\_\_\_ ) \_\_\_\_\_

Beginning and Ending Dates of Employment \_\_\_\_\_

Current Gross Income (if applicable) \$ \_\_\_\_\_

**TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER**  
**Employment Information Verified:**

Is the information provided in Section 3 above correct?

\_\_\_\_\_ Present \_\_\_\_\_ Prior Occupation (check one) Yes? \_\_\_\_\_ No? \_\_\_\_\_

Employer Name ..... Yes? \_\_\_\_\_ No? \_\_\_\_\_

Employer Address ..... Yes? \_\_\_\_\_ No? \_\_\_\_\_

Supervisor's/HR Mgr's Name ..... Yes? \_\_\_\_\_ No? \_\_\_\_\_

Employer/HR Phone Number ..... Yes? \_\_\_\_\_ No? \_\_\_\_\_

Beginning and Ending Dates of Employment ..... Yes? \_\_\_\_\_ No? \_\_\_\_\_

Current Gross Income (if applicable) ..... Yes? \_\_\_\_\_ No? \_\_\_\_\_

If No, please explain:

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