

# Strombeck Properties

## TENANT APPLICATION FORM:

Brookside, Meadowbrook, Parkway, Hidden Grove, Twin Parks & Westwood Garden Apartments  
Phone: 707-822-4557 Fax: 707-822-4525

**\$40.00 application fee.** Each person over the age of 18 who will be residing in (or co-signing for) the unit is to fill out their own separate application form and each pay the non-refundable \$40.00 fee. All applications are to be dropped off at 960 South G St, Arcata CA 95521 or mailed to PO Box 37 Eureka, CA 95502. You can also submit your application via fax or as an email attachment to: applications@strombeckproperties.com. **Please include a copy of your photo ID (state ID or driver's license preferred).**

**Requested Apt Size (circle one):** Studio 1bed 2bed 3bed 4bed

### APPLICANT

Applicant Name: \_\_\_\_\_  
LAST FIRST M.I.  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State Licensed: \_\_\_\_\_  
Vehicle License #: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_

### ADDITIONAL OCCUPANTS (LIST EVERYONE WHO WILL LIVE WITH YOU):

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_ Occupation: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_ Occupation: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_ Occupation: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_ Occupation: \_\_\_\_\_

### RENTAL HISTORY

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Landlord/Manager: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Dates Occupied: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Landlord/Manager: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Dates Occupied: \_\_\_\_\_

### EMPLOYMENT HISTORY

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: (\_\_\_\_) \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Est. Annual Income: \$ \_\_\_\_\_

### HOUSEHOLD INCOME INFORMATION

1. Your Gross Monthly Income (Before Deductions): \$ \_\_\_\_\_  
2. Average Monthly Amounts of other Income (Specify Sources)  
a. Are you receiving AFDC/Public Assistance? YES\_\_ NO\_\_ \$ \_\_\_\_\_  
b. Are you receiving Unemployment? YES\_\_ NO\_\_ \$ \_\_\_\_\_  
c. Are you receiving Food Stamps? YES\_\_ NO\_\_ \$ \_\_\_\_\_  
d. Are you receiving Child Support? YES\_\_ NO\_\_ \$ \_\_\_\_\_  
3. Other (spouse, etc...) \_\_\_\_\_ \$ \_\_\_\_\_  
4. Total Monthly Household Income (Sum of lines 1, 2 & 3) \$ \_\_\_\_\_

**STUDENT INCOME INFORMATION**

- 1. Are you receiving Financial Aid? YES\_\_ NO\_\_ \$\_\_\_\_\_
  - Per month, year or semester? \_\_\_\_\_
- 2. Are you receiving any Grants? YES\_\_ NO\_\_ \$\_\_\_\_\_
  - Per month, year or semester? \_\_\_\_\_
- 3. Are you receiving money from your parents? YES\_\_ NO\_\_ \$\_\_\_\_\_
  - Per month, year or semester? \_\_\_\_\_
- 4. **Total Monthly Student Income (Sum of lines 1, 2 & 3)** \$\_\_\_\_\_

**MISCELLANEOUS**

- Do you have or intend to have liquid furniture? YES\_\_ NO\_\_
  - Fish tanks, water beds... etc. \_\_\_\_\_
- Do you have any animals? YES\_\_ NO\_\_
  - Dog, cat, snake, etc. \_\_\_\_\_
- Do you smoke? YES\_\_ NO\_\_
  - Inside or outside? \_\_\_\_\_
- Have you or anyone who will reside with you in the complex, ever been convicted of a felony? YES\_\_ NO\_\_
- If yes, please explain: \_\_\_\_\_

- Have you ever:
  - Filed for bankruptcy? YES\_\_ NO\_\_
  - Been sued? YES\_\_ NO\_\_
  - Been evicted? YES\_\_ NO\_\_

If you answered yes to any of the above, please explain: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND UNDERSTAND THAT MY LEASE OR RENTAL AGREEMENT MAY BE TERMINATED IF ANY MISREPRESENTATION IS FOUND IN THIS APPLICATION. I AUTHORIZE VERIFICATION OF ANY GIVEN INFORMATION AND REFERENCES PROVIDED IN THIS APPLICATION. I UNDERSTAND THIS APPLICATION WILL BE RETAINED FOR THREE MONTHS, REGARDLESS OF APPROVAL. IN ADDITION TO ALL SUMS DUE PRIOR TO OCCUPANCY, I AGREE TO PAY A **NON-REFUNDABLE FEE OF \$40.00, WHICH SHALL BE USED TO OBTAIN A REPORT OF MY CREDIT FROM A CREDIT REPORTING AGENCY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_