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**VISTA DEL CAPITAN PROPERTY MANAGEMENT
TENANT APPLICATION**

Please Print - **BOTH SIDES**

PROPERTY ADDRESS

1st choice _____
2nd choice _____
3rd choice _____

APPLICANT INFORMATION

NAME _____ SOC SEC# _____ DATE OF BIRTH _____
DRIVERS LICENSE# _____ CELL PHONE _____ EMAIL _____

PROPOSED OCCUPANTS

_____ AGE _____
_____ AGE _____

SCHOOL I WILL BE ATTENDING (CIRCLE ONE) UCSB SBCC OTHER _____
MAJOR _____ Frosh () Soph () Junior () Senior ()

APPLICANT'S RENTAL HISTORY

CURRENT ADDRESS _____ PHONE _____
LANDLORD'S NAME _____ PHONE _____
HOW LONG AT PRESENT ADDRESS? _____
PREVIOUS ADDRESS _____ PHONE _____
LANDLORD'S NAME _____ PHONE _____

Have you ever received a request to vacate, or been evicted from any apartment or other rental Property within the last 5 years? No ___ Yes ___ If so, please give details _____

ARE YOU EMPLOYED? ___ IF SO, WHERE? _____ ADDRESS _____
LENGTH OF EMPLOYMENT _____ POSITION _____
OWNER/SUPERVISORS NAME _____ PHONE _____
DO YOU SMOKE? ___ DO YOU HAVE PETS? ___ WATER FILLED FURNITURE? ___
MAKE OF CAR _____ MODEL _____ YEAR _____ LIC# _____
DO YOU HAVE RENTERS INSURANCE? _____

OVER

PLEASE COMPLETE THE FOLLOWING

FATHERS NAME _____ HOME PHONE _____
EMAIL _____
ADDRESS _____
OCCUPATION _____ EMPLOYER _____
ADDRESS _____ WORK PHONE _____

MOTHERS NAME _____ HOME PHONE _____
EMAIL _____
ADDRESS _____
OCCUPATION _____ EMPLOYER _____
ADDRESS _____ WORK PHONE _____

NAME OF GUARANTOR FOR A LEASE _____
(USUALLY A PARENT)

MEANS OF SUPPORT DURING LEASE: (CHECK ALL THAT APPLY)

PARENTAL _____ GRANT _____
EMPLOYMENT _____ SCHOLARSHIP _____
LOAN _____ SAVINGS _____

BANK _____ BRANCH _____
MAJOR CREDIT CARD? _____ LIST _____

IN CASE OF EMERGENCY, WHO SHOULD BE CONTACTED?(NOT A FRIEND)

NAME _____ RELATIONSHIP _____
COMPLETE ADDRESS _____
PHONE#(INCLUDING AREA CODE) _____

AUTHORIZATION TO VERIFY INFORMATION:

I AUTHORIZE VISTA DEL CAPITAN PROPERTY MANAGEMENT TO VERIFY THE ABOVE INFORMATION, AT ITS OPTION, INCLUDING, BUT NOT LIMITED TO OBTAINING A CREDIT REPORT.

MAIL COMPLETED APPLICATION TO THE ADDRESS SHOWN ABOVE**

DATE _____ SIGNATURE _____