

Manzanita Application Policy

Manzanita is an equal opportunity rental agency that complies with the Federal Fair Housing Act along with state and local fair housing laws. We will not discriminate against anyone because of race, color, religion, sex, marital status, creed, age, physical or mental handicap, familial status or national origin.

All adults 18 years of age or older, that will be living on the property must fill out an application and pay a \$40 non-refundable fee. In addition we will check all previous rental and employment history for each applicant along with credit, criminal and eviction background checks.

Fair housing guidelines against overcrowding allow for 2 persons for each bedroom and 1 person for common area. For an example a 2 bedroom apartment would allow 5 people.

All income from each applicant will be totaled and must be a minimum of two to three times the amount of rent for the property, which they are applying for.

We will verify all rental history and ask that you have at least two years of satisfactory rental history.

Employment will also be verified for those employed. If you are unemployed but have another source of income you must provide proof of that income.

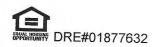
Criminal and eviction history will also be checked and if you have an eviction on your record your application could be denied.

When submitting applications please provide the following:
Application(s) filled out completely in its entirety
\$40 for each application submitted in the form of cash, cashier's check or money order.
Copies of your most recent pay stubs and/or other proof of income source.
Copies of Drivers license/identification card for each applicant.

The undersigned declares that the information on this rental application is true and correct, and understands that false statements may result in rejection of this and any future applications for housing, which we manage. The undersigned does further understand that all persons of firms named freely give any requested information concerning me and I hereby waive all right to action for any consequences resulting from such information. By signing below, I authorize the investigation and release of the information on all statements contained herein, including but not limited to a credit check, to Manzanita Ventures and/or the owner of any property which I am applying to occupy. I further understand and agree that Manzanita Ventures will rely upon this Rental Application as an inducement for entering into a rental agreement or lease and I warrant that the facts contained in this Application are true. If any facts prove to be untrue, Manzanita Ventures and/or Owner may terminate my tenancy immediately and collect from me any damages incurred including attorney fees resulting there from, reimbursement of leasing fee, etc. It is also a requirement that all applicants have seen the full interior and exterior of a property before applying for the property. By signing below I am certifying that I viewed the full interior and exterior with the Landlord and/or the leasing agent at Manzanita Ventures.

Once an application has been approved by Landlord and deposit has been paid in full, the property will be removed off of the market. The 1st month's rent must be paid in full prior to taking possession of the property. Initialing this page constitutes that applicant understands and accepts the terms of this page.

Applicant Signature:		
rippiioditt Oigitatale.	Date:	





APPLICATION TO RENT/SCREENING FEE

(C.A.R. Form LRA, Revised 6/18)

I. APPLICATION TO RENT

THIS SECTION TO BE COMPLETED BY APPLICANT. A SEPARATE APPLICATION TO RENT IS REQUIRED FOR EACH OCCUPANT 18 YEARS OF AGE OR OVER, OR AN EMANCIPATED MINOR.

1.	App Tota	licant is completing Application as a (al number of applicants	check one) 🗌 tena	nt, 🗌 tenant with co-tenant(s) or \square guarar	ntor/co-signor.
2.	PRE	EMISES INFORMATION lication to rent property at t: \$per				
	Ren	t:\$ per	Droposed man			("Premises")
3.	PER	SONAL INFORMATION	Proposed mov	/e-in date		
٠.	Δ	FILL NAME OF A DRIVEN				
	R.	FULL NAME OF APPLICANT				
		Date of Bifti	(Easternance)	f obtaining credit reports. Age	discrimination	is prohibited by law \
	U.	Driver's License No. See section II 2 for Social Security.	S	tate Expires		o profibiled by law.)
	,	in a cocial decurity	Number/Tax Ident	ification Numbers. Such numb	er shall be pr	ovided upon request
	D. 1	from Landlord/Manager/Agent.			or or or or or	ovided upon request
	E.	Phone Number: HomeEmail	Work	O1	her	
	F.	Email Name(s) of all other proposed occupant(s	and relationship to	a constitution of		
			n) and relationship to	applicant		
	G. F	Pet(s)(Other than service or companion a Auto: Make Model Other vehicle(s):	nimals)/numbor one	I tuna)		
	H. /	Auto: Make Model	Vo.	r type)	0.55	
	(Other vehicle(s):	168	ar License No	State	_ Color
	1.	n case of emergency, person to notify Relationship				8
	F	Relationship				
	P	Relationship				
	J. [Ooes applicant or any proposed occupant	nlan to use liquid fi	Had to the Company of the Total	Phone	
	K. +	las applicant been a party to an unlawful	dotainer seties f	illed furniture? NO Yes Typ)e	
					even years?	□ No □ Yes
	L. H	las applicant or any proposed occupant e	ver heen asked to	move out of		
	11	yes, explain				☐ No ☐ Yes
	M. H	las applicant or any proposed occupant e	ver been convicted	of or plants to		
) oo, oxpiairi				No Yes
	(/	After completing a credit review, Landlord	may consider the n	ature of the falses and the		
4.	RESID	DENCE HISTORY	may consider the h	ature of the leiony and the leng	jth of time sinc	e it occurred.)
	City/S	nt addresstate/Zin		Previous address		
		tate/Zip toto				
	Name	of Landlord/Manager	eni Zaraz de a santa de la santa	110111	IO	
	Landlo	ord/Manager's phone	-	Name of Landford/Manager		
	Do voi	u own this property? No Yes		zanalora/Managers phone	The state of the s	
	Reaso	n for leaving current address		Did you own this property?	No Yes	
	4			Reason for leaving this addr	ess	
5. E		OVMENT AND WAS				
J. E	_IVIP_(OYMENT AND INCOME HISTORY			1000	
	Surren	t employer		Previous employer		
	Jurren	t employer address		Prev. employer address		
	-			From	To	
				Supervisor		
	mpla	isor phone		e apoi vidoi pilone		
-		p	er	pro yrricht gross income s		nor
_	Juliet II	icome inio		Other income info		
© 1991 LRA I	-2018, 0 REVIS	California Association of REALTORS®, Inc. SED 6/18 (PAGE 1 OF 2)		Applicant's Initials ()(
		APPLICATION TO	O RENT/SCREENIN	IG FEE (LRA PAGE 1 OF 2)		EQUAL HOUSING OPPORTUNITY
vlanzani	ta Ventur				Fax: 209-825-0835	,
		2 Postagos With Zipi Offite by ZipL	year 10070 Fitteen Mile Road	Phone: 209-825-0825 , Fraser, Michigan 48026 <u>www.zipLogix.com</u>	207 023-0635	Application

N.	ATION		Date:		
IV.	ame of creditor	Account number	Monthly payment	Balance due	
N	ame of bank/branch				
140	ame of parity pranch	Account number	Type of account	Account balanc	
7. PERSONAL REFER	ENCES				
Name	AddressLength of acquaintanceAddress				
Phone	Length of acquaintance	Occupation			
Phone	Address				
8. NEAREST RELATIV	Length of acquaintanceAddress Length of acquaintanceE(S)	Occupation _			
			₽	THE STATE OF THE S	
Phone	Address				
Vame	Relationship	The state of the s			
hone	Address Relationship				
applicant, and (iii) Applicant represents the and information provided; pplicant, which may includent and employment or subsequent owners application is not fully the application will not	d agrees that: (i) this is an application to Manager or Agent may receive more than the will provide a copy of applicant's driver's above information to be true and complete and (ii) obtain a credit report on applicate, but not be limited to, criminal back and tenant history. Applicant further as and/or agents with whom applicant has be completed, or if section II, 2 is applicable be processed, and (ii) the application are	es license or other accept es, and hereby authorizes cant and other reports ground checks, reports uthorizes Landlord or Manad, or intends to have, le and the application	a Premises and, will selectable identification upon a Landlord or Manager of warnings and verification unlawful detainers, Manager or Agent to dis a rental relationship.	ect the best qualification request. or Agent to: (i) veriptions on and about the contraction of the colors information of	
teturn your completed app ddress	Dilication and any applicable fee not already City II. SCREEN DMPLETED BY LANDLORD, MANAGER PROVIDED SCREENING INFORMATION and fee dire	y paid to: VING FEE OR AGENT. ectly to Landlord/Manac	Time State Zi	ip	
eturn your completed appendences HIS SECTION TO BE CO 1. Applicant will p R 2. Applicant has p may not exceed \$ inflation calculator	II. SCREEN II. SCREEN OMPLETED BY LANDLORD, MANAGER provide screening information and fee directly paid a nonrefundable screening fee of \$1,000,000,000,000,000,000,000,000,000,0	y paid to: VING FEE OR AGENT. ectly to Landlord/Manage 40.00 nmensurate with the incline tics website waw bls or	state Zinger/Agent's authorized state in the Consumer	ccreening service a (The screening fee	
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APPLICATION TO RENT/SCREENING FEE (LRA PAGE 2 OF 2)

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com



Rental Verification Form

Date:	Attn:	landlands Favai	
The following applicant has Please verify the information	applied for residency at one on provided below and fax to:		
Name of Applicant:		(-12) 525-5855	
Current Address:		-	
City, State & Zip:			gr: 9
	340	on set forth in the application for r	ental, including
	- Ziguature		Date
Sect	ion to be completed	and signed by landlord	
Address:			
City, State & Zip:			
			
Date of Tenant Occupancy:		Length of Occupancy:	
Any Nan Sufficients: () Yes () I	No If Yes How Many:	How OF	
1 41143. () 16	es () No If Yes How Many:	How Often:	34
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Current Rental Price:\$			A s
Current Rental Status: () Deline	quent on Payments () Currer	it on Payments	
If Delinquent, How Long:			
Current Condition Of Property:	()1()2()3()4()5	(1 Being Poor – 5 Being Great)	

Employment Verification

PHONE NUMBER # 209-8250825 FAX NUMBER # 209-825-0835



I AUTHORIZE MY EMPLOYER TO RELEASE INFORMATION TO MANZANITA VENTURES

EMPLOYEE'S SIGNATURE		
Print Name:	Date:	•
TO BE	FILLED OUT BY EMPLOYER	
EMPLOYER'S NAME:	*	
EMPLOYER'S ADDRESS		-
-		•
HIRE DATE:	HOURS PER WEEK	
EMPLOYMENT STATUS	FULLPART-TIME	•
RATE OF PAY OR SALARY		
REPRESENTATIVE SIGNATURE		
PRINTED NAME AND TITLE:		•
PHONE NUMBER	9	
DATE:		