

PARKSIDE MANAGEMENT COMPANY, INC.

1213 14th St. Suite 1

Modesto CA 95354

Phone: 209-529-3800

Fax: 209-529-4305

E-Mail: parksidemodesto@gmail.com

Website: Parksidemanage.com

GENERAL RENTAL INFORMATION:

Thank you for your interest in one of our rental properties. We have listed what will be required from you to lease one of our units. We do not charge an upfront fee for submitting an application. If your application is selected, you will be charged \$45 per adult as a portion of your move-in costs to pay for application processing and background check.

Please attach the following to your application:

A copy of your driver's license or picture I.D.

A copy of your two most recent pay stubs

Self Employed: First two pages of your tax return

A form of verification of any other income you claim to receive

We consider the complete application in the decision process along with your credit score. The owner will ultimately make the final decision.

NO PETS are allowed unless otherwise specified. Non-compliance will result in an immediate notice to vacate.

Rental insurance is mandatory to rent one of our properties. The policy will need to be in place before we release keys.

In most cases we require a one year lease commitment

A mail slot is available to the right of our iron gate if you are dropping off after hours.

APPLICATION AND OFFER TO RENT/LEASE PROPERTY

PARKSIDE MANAGEMENT COMPANY

PROPERTY ADDRESS _____ RENT \$ _____

FULL NAME OF APPLICANT #1 _____ PHONE # _____

SOCIAL SECURITY _____ DRIVERS LICENSE _____ BIRTH DATE _____

FULL NAME OF APPLICANT #2 _____ PHONE # _____

SOCIAL SECURITY _____ DRIVERS LICENSE _____ BIRTH DATE _____

OTHER PERSONS TO OCCUPY RENTAL PROPERTY

NAME _____ RELATIONSHIP _____ AGE _____

RESIDENCE HISTORY

Current Address _____ Previous Address _____

City/State/Zip _____ City/State/Zip _____

From _____ To _____ From _____ To _____

Name of Landlord _____ Name of Landlord _____

Landlord's Phone _____ Landlord's Phone _____

Rent Paid \$ _____ Rent Paid \$ _____

Reason for Leaving _____ Reason for Leaving _____

EMPLOYMENT HISTORY

Current Employer _____ Supervisor _____ Start Date _____ Gross Income\$ _____

Employer's Address _____ Supervisor's Phone _____ Position _____

Previous Employer _____ Supervisor _____ From _____ To _____ Gross Income\$ _____

Spouses Employer _____ Supervisor _____ Start Date _____

Employer's Address _____ Supervisor's Phone _____

Position/Title _____ Gross Income \$ _____

Applicant's Signature

Applicant's Signature

AUTOMOBILES

Auto Make _____ Model _____ Year _____ License No. _____ Color _____

Auto Make _____ Model _____ Year _____ License No. _____ Color _____

PERSONAL REFERENCES (NOT RELATED)

Name _____ Address _____ Phone No. _____

How Long Acquainted _____ Occupation _____

Name _____ Address _____ Phone No. _____

How Long Acquainted _____ Occupation _____

NEAREST RELATIVE (NOT LIVING WITH YOU)

Name _____ Address _____ Phone No. _____ Relationship _____

IN CASE OF EMERGENCY NOTIFY

Name _____ Address _____ Phone No. _____ Relationship _____

HAS ANY CIVIL JUDGEMENT BEEN ENTERED AGAINST YOU IN THE COLLECTION OF
A DEBT IN THE PAST(10) YEARS? YES NO

HAVE YOU DECLARED BANKRUPTCY IN THE PAST TEN (10) YEARS? YES NO

HAVE YOU EVER BEEN EVICTED OR LEFT OWING MONEY? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? YES NO

IF ACCEPTED HOW LONG DO YOU EXPECT TO STAY? _____

PLEASE EXPLAIN ANY QUESTIONS THAT ARE ANSWERED YES. _____

DO YOU HAVE ANY PETS OR INTEND TO GET ANY PETS? YES NO

IF YOU OWN A PET, WHAT IS THE BREED, WEIGHT & AGE? _____

WHAT IS YOUR EMAIL? _____

LANDLORD REFERENCE



Please Sign Your Signature Only

Name of Applicant _____
Name of Applicant _____
Address _____

This will authorize _____ (Name of present or past
Landlord) to release information below regarding my rental history.

X _____ X _____
Signature of Applicant Date Signature of Applicant Date

FOR LANDLORD ONLY

Length of Residency: from: _____ to: _____
Amount of Monthly Rent: _____ Rent Owed: _____

1. Has their rent ever been late? Y/N. If yes, how many times _____
2. Has an Unlawful Detainer ever been filed on this tenant? Y/N
3. Did the tenant keep the unit clean, safe and in sanitary condition? Y/N
4. Has the tenant given a 30 day notice to vacate? Y/N
5. Did the tenant have any pets? Y/N
6. Did the tenant receive their full deposit back? Y/N
7. Would you rent to this tenant again? Y/N

General Comments _____

Signature _____ Date _____

Title _____ Phone Number _____

PLEASE FAX TO 209 529-4305