

RESIDENTIAL ROOM APPLICATION

Last Name _____

(1 FORM PER APPLICANT — NON-REFUNDABLE FEE: \$52.00 USD PER APPLICANT)

PROPERTY *(Please print. Fully complete each section. Blank sections: application will be rejected.)*

PROPERTY NAME	Dancing Coyote Farm		
PROPERTY ADDRESS	35245 Via Famero Dr., Aton, CA 93510		
RENTAL TYPE	Private Room		
SQUARE FEET	<input type="checkbox"/> Desert Rose Suite - 425 sqft <input type="checkbox"/> Trail's End Suite - 308 sqft <input type="checkbox"/> Prairie Cottage Cozy -178 sqft		
RENTAL AMOUNT	<input type="checkbox"/> Desert Rose Suite - \$1,100.00/mo 1 person; 2 people: add \$200.00/mo <input type="checkbox"/> Trail's End Suite - \$975.00/mo 1 person; 2 people: add \$150.00/mo <input type="checkbox"/> Prairie Cottage Cozy - \$825.00/mo 1 person; 2nd person not available		
PETS ALLOWED	No		
CHILDREN ALLOWED	No		
SMOKING/VAPING/DRUGS ALLOWED (Legalized or not except medically prescribed CBD)			No
PARKING	Yes; one (1) space, outdoor, uncovered		

TENANCY *(Please print. Fully complete each section. Blank sections: application will be rejected.)*

TYPE / LENGTH	<input type="checkbox"/> 13-Week Contract <input type="checkbox"/> Month-to-Month <input type="checkbox"/> Other Contract Term Desired: _____ (1 Month Minimum)		
START DATE	Month _____ Day _____, 20____		
LANDLORD DETAILS	Name: Dancing Coyote Farm Property Address: 35245 Via Famero Dr., Acton, CA 93510 Telephone: 661-269-2398 eMail: dancingcoyotefarm@gmail.com Is there a Manager or Agent acting on behalf of the Landlord? No		

APPLICANT INFORMATION *(Please print. Fully complete each section. Blank sections: application will be rejected.)*

FULL NAME	_____		
DOB	___ / ___ / _____	SOCIAL SECURITY NO.	___ - ___ - _____
DRIVERS LICENSE #	_____	CELL / MOBILE PHONE NO. (_____)	___ - _____
EMAIL ADDRESS	_____		
Second Occupant	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	If Yes, state name and describe relationship to you: _____		
Vehicle	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	If yes, state license number, year, make and model _____		
Have you ever been convicted of a crime?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	If yes, describe _____		
If yes, are you on parole?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you ever filed for bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	If yes, describe _____		
Ever been evicted?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____		

EMPLOYMENT HISTORY *(Please print. Fully complete each section. Blank sections: application will be rejected.)*

CURRENT EMPLOYMENT			
COMPANY	_____		
OCCUPATION / TITLE	_____	HOW LONG?	___ years ___ months
GROSS INCOME	\$ _____ (Annual – From Prior Tax Year Filing)		
SUPERVISOR / HR	_____ (Full Name and Department)		
STREET ADDRESS	_____		
CITY	_____	STATE	_____
		PHONE (_____)	___ - _____

EMPLOYMENT HISTORY (Continued)**PREVIOUS EMPLOYMENT**

COMPANY _____
 OCCUPATION / TITLE _____ HOW LONG? ____ years ____ months
 GROSS INCOME \$ _____ (Annual – From Prior Tax Year Filing)
 SUPERVISOR / HR _____ (Full Name and Department)
 STREET ADDRESS _____
 CITY _____ STATE ____ PHONE (____) ____ - ____

RESIDENCE HISTORY (Please print. Fully complete each section. Blank sections: application will be rejected.)**CURRENT RESIDENCE**

TYPE Single Family Dwelling Apartment Condo Mobile/Manufactured
 RENTAL AMOUNT \$ _____ Per Month NO. OF BEDROOMS ____ SQUARE FEET (SF) _____
 Street Address _____
 City / State / Zip or Postal Code _____
 How long at this address? ____ years ____ months Current lease expiration date _____
 Reason for moving? _____

CURRENT LANDLORD

Full Name _____ Title, if Any _____
 Street Address (No P.O. Boxes) _____
 City / State / Zip or Postal Code _____
 Phone (____) ____ - ____ eMail Address _____

PREVIOUS RESIDENCE 1

TYPE Single Family Dwelling Apartment Condo Mobile/Manufactured
 RENTAL AMOUNT \$ _____ Per Month NO. OF BEDROOMS ____ SQUARE FEET (SF) _____
 Street Address _____
 City / State / Zip or Postal Code _____
 How long at this address? ____ years ____ months Current lease expiration date _____
 Reason for moving? _____

PREVIOUS LANDLORD

Full Name _____ Title, if Any _____
 Street Address (No P.O. Boxes) _____
 City / State / Zip or Postal Code _____
 Phone (____) ____ - ____ eMail Address _____

PREVIOUS RESIDENCE 2

TYPE Single Family Dwelling Apartment Condo Mobile/Manufactured
 RENTAL AMOUNT \$ _____ Per Month NO. OF BEDROOMS ____ SQUARE FEET (SF) _____
 Street Address _____
 City / State / Zip or Postal Code _____
 How long at this address? ____ years ____ months Current lease expiration date _____
 Reason for moving? _____

PREVIOUS LANDLORD

Full Name _____ Title, if Any _____
 Street Address (No P.O. Boxes) _____
 City / State / Zip or Postal Code _____
 Phone (____) ____ - ____ eMail Address _____

FINANCIAL HISTORY *(Please print. Fully complete each section. Blank sections: application will be rejected.)*

BANK _____	
Branch Location _____	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account No. _____	Routing Number _____
BANK _____	
Branch Location _____	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account No. _____	Routing Number _____
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diners Club	EXPIRATION DATE: _____
Card Number _____	Credit Limit \$ _____
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diners Club	EXPIRATION DATE: _____
Card Number _____	Credit Limit \$ _____
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diners Club	EXPIRATION DATE: _____
Card Number _____	Credit Limit \$ _____

PERSONAL REFERENCES *(Please print. Fully complete each section. Blank sections: application will be rejected.)*

REFERENCE 1	
Full Name _____	Relationship _____
Phone (____) ____ - _____	eMail Address _____
REFERENCE 2	
Full Name _____	Relationship _____
Phone (____) ____ - _____	eMail Address _____
REFERENCE 2	
Full Name _____	Relationship _____
Phone (____) ____ - _____	eMail Address _____
ADDITIONAL DETAILS (IF ANY)	

I hereby certify that I am at least 25 years of age (*the minimum accepted age for tenancy at Dancing Coyote Farm*). Applicant represents that all information given in this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain any and all Unlawful Detainer, Credit Reports, Telechecks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause an automatic rejection of the application or cause a delay in processing which may also result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person gathering, providing, or obtaining said verification and/or additional information.

Applicant's Signature

_____ Date _____

Print Applicant's Full Name _____