



Las Casas de San Pedro Apartments

782 San Pedro Lane • Morgan Hill • CA • 95037
408-779-4465 • Fax 408-779-2787
info@lascasasmorganhill.com
www.lascasasmorganhill.com



Instructions for submitting an application

We are so pleased that you are interested in making “Las Casas de San Pedro Apartments” your home. To ensure your application is accurately processed in a timely manner, please follow the guidelines. Incomplete or illegible applications will not be processed.

Application processing time is a **minimum** of 1 business day.

- ✓ **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** All fields of the application are required. If there is something that does not apply to you, write “N/A”. Please print clearly. If we cannot read your writing, we cannot process your application.
- ✓ **LANLORD INFORMATION.** We need to know where each adult household member has lived for the past 5 years. You must include the name, telephone number and address of all previous landlords.
- ✓ **RENTAL REFERENCE.** Fill out top portion of attached rental reference form. This form will be sent to your most recent landlord.
- ✓ **IDENTIFICATION:** Include copies of Photo ID and Social Security or Tax ID Cards for all adults. Applications cannot be processed without this information,. *Residents of foreign countries: If the applicant has no social security number, the following will be required: proof of foreign citizenship (passport, work visa, etc.) and written verification of income or recent pay stubs*
- ✓ **SIGNATURES:** All adult household members must sign the Application and Tenant Qualification Guidelines. Documents without signatures cannot be processed.
- ✓ **MINIMUM INCOME REQUIREMENTS:** In order to qualify for one of our properties, the minimum combined household income must be two and a half (2.5) times the monthly rent. **For example, if you are interested in an apartment that is renting for \$2,000.00 a month, your combined household income must be a minimum of (\$2,000.00 x 2.5) \$5,000.00.**
- ✓ **INCOME VERIFICATION:**
 - **Employment** — Submit copies of paystubs for the past 30 days. If you do not have paystubs submit copies of bank statement that shows recurring deposits for the past 30 days and a letter from employer on company letterhead verifying wages and hours worked per week. For new employment must submit copy of offer letter verifying wages and hours worked per week.
 - **Other** — (SSA, SSI, Child Support, etc.) - Must submit copy of paperwork showing proof of payment dates and amounts.
- ✓ **EMPLOYMENT REFERENCE.** Fill out top portion of attached employment reference form. This form will be sent to your current employer.
- ✓ **FEE:** There is a \$20.00 Application Fee **for each adult**. This fee is payable in the form of a Money Order or Cashier’s Check ONLY. No Cash or Personal Checks accepted.
- ✓ **HOLDING DEPOSIT:** of \$250.00. All deposits are payable in the form of a Money Order or Cashier’s Check ONLY. No Cash or Personal Checks accepted. A holding deposit is required within 24 hours of approval.
- ✓ **ONLINE APPLICATION.** Applications can be filled out online at www.lascasasmorganhill.com and under the apply tab click APPLY ONLINE. The \$20.00 application fee can be paid by credit card or debit card online.. All required documentation, stated above, must be submitted to the leasing office prior to online application being processed.



APPLY ONLINE



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Rental Information and Tenant Qualifications

A NON-SMOKING COMMUNITY

Rent

Rental rates for each apartment are determined on an individual basis.

Security Deposit

\$750.00 security deposit on approved credit. A holding deposit of \$250.00 is required within 24 hours of approval paid by cashiers check or money order only.

Occupancy Guidelines

Maximum occupancy limits are defined as two (2) people per bedroom plus one (1) additional person in the apartment. Persons are counted as occupants at birth. Maximum occupancy is as follows:

- 1 bedroom: 3 persons
- 2 bedrooms: 5 persons

Lease Terms

All apartments are on a month to month lease basis.

Tenant Qualifications

A \$20.00, non refundable, application screening fee will be required of each adult applicant. **Fees are accepted in the form of a money order or cashiers check only.** All applicants for the housing will be screened according to the criteria set forth in the tenant qualifications guideline. In an effort to promote equal treatment of all Residents and Applicants, there will be no exceptions to the following rental qualifying criteria. **If you do not meet any of the selection criteria, or if you provide inaccurate or incomplete information, your application will be rejected, and your application fee will not be refunded. Your signature acknowledges that you have reviewed these rental qualification criteria.**

Income Requirements

Income must be no less than two and a half (2.5) times the monthly rent. If more than one applicant, the income may be combined to meet the requirement.

Credit Requirements

At least 75% of current accounts must be in good standing. No credit history will be considered good credit history. An additional deposit may be accepted. Bankruptcies less than 1 year will result in denial.

Rental Requirements

All applications must have six (6) months of verifiable rental history or mortgage history. An additional deposit may be accepted. Outstanding debts to landlords or evictions will result in denial. Negative rental profile may result in denial.

Employment History

All applicants must have verifiable employment history with current employer. All applicants must provide a copies of paystubs for the past 30 days. Applicants may be denied if employment history is unsatisfactory. An additional deposit may be accepted.

Special Requirements

Applicants under the age of eighteen (18) will be listed as occupants only and cannot be considered leaseholders.



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Rental Information and Tenant Qualifications (continued)

Photo Identification

Each applicant must provide a copy of a valid government issued identification and verify social security number or TIN number.

Lease Guarantor

A lease guarantor will be allowed for first timer renters, recent college graduates, or renters with insufficient income.

Lease Guarantors must:

- make at least four (4) times the amount of the monthly rent and meet all qualifying criteria
- complete and sign a separate lease guaranty form

Pet Policy

Currently we are only accepting service animals.

Satellite Dish

Our building is equipped with DirecTV satellite dishes. No additional dishes may be attached to the building.

Utilities

Tenants are required to pay for own water and gas & electricity in unit. Property pays for monthly trash services and property is equipped with wireless internet.

“FIRST COME, FIRST QUALIFIED, FIRST SERVED”

Note: Above is subject to change without notice. Office hours: 9:00am — 6:00pm Tuesday—Saturday

Applicant's Signature

Date

Las Casas de San Pedro Representative

Date

APPLICATION TO RENT

Tenant Guarantor

Individual applications required from each occupant 18 years of age or older.

(all sections must be completed)

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
OTHER NAMES USED IN THE LAST 10 YEARS				WORK PHONE NUMBER		HOME PHONE NUMBER ()	
DATE OF BIRTH		EMAIL ADDRESS				MOBILE/CELL PHONE NUMBER ()	
PHOTO ID/TYPE		NUMBER	ISSUING GOVERNMENT	EXP. DATE	OTHER ID		

1	PRESENT ADDRESS		CITY		STATE		ZIP CODE	
DATE IN		DATE OUT		OWNER/AGENT NAME		OWNER/AGENT PHONE NO. ()		
REASON FOR MOVING						CURRENT RENT \$ / Month		

2	PREVIOUS ADDRESS		CITY		STATE		ZIP CODE	
DATE IN		DATE OUT		OWNER/AGENT NAME		OWNER/AGENT PHONE NO. ()		
REASON FOR MOVING								

3	NEXT PREVIOUS ADDRESS		CITY		STATE		ZIP CODE	
DATE IN		DATE OUT		OWNER/AGENT NAME		OWNER/AGENT PHONE NO. ()		
REASON FOR MOVING								

PROPOSED OCCUPANTS	NAME		NAME		
LIST ALL IN ADDITION TO YOURSELF					
DO YOU HAVE PETS?	DESCRIBE		DO YOU HAVE A WATERBED?	DESCRIBE	
How did you hear about this rental?					

A	Current Employer Name		Job Title or Position		Dates of Employment	
Employer address			Employer/Human Resources phone number			
City, State ZIP			Name of your supervisor/human resources manager			

Current gross income		Check one		
\$	PER	<input type="checkbox"/> Week	<input type="checkbox"/> Month <input type="checkbox"/> Year	

B	Prior Employer Name		Job Title or Position		Dates of Employment	
Employer address			Employer/Human Resources phone number			
City, State ZIP			Name of your supervisor/human resources manager			

Other income source		Amount \$		Frequency	
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Other income source		Amount \$		Frequency	
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Name of your bank	Branch or Address	Account Number

Please list ALL of your financial obligations below and on following page

Name of Creditor	Address	Phone Number	Mo. pymt. amt.
		()	
		()	
		()	
		()	
		()	
		()	

In case of emergency, notify:	Address: Street, City, State, Zip	Relationship	Phone
1.			()
2.			()

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
1.				()
2.				()

Automobiles			
Make	Model	Year	License #
Other motor vehicles:			

Have you ever filed for bankruptcy? _____ Have you ever been evicted or asked to move? _____

Have you ever been convicted of selling, distributing or manufacturing illegal drugs? _____

Applicant represents that all the above statements are true and correct, authorizes verification of the above items and agrees to furnish additional credit references upon request. Applicant authorizes the Owner/Agent to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owners/Agents.

Owner/Agent will require a payment of \$ 20.00, which is to be used to screen Applicant with respect to credit history and other background information. The amount charged is itemized as follows:

- | | |
|---|-----------------|
| 1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports | \$ <u>23.85</u> |
| 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) | \$ <u>n/a</u> |
| 3. Total fee charged | \$ <u>23.85</u> |

The undersigned is applying to rent the premises designated as:

Apt. No. _____ Located at 782 San Pedro Lane, Morgan Hill, CA 95037 the rent for which is \$ _____ per month. Upon approval of this application, and execution of a rental agreement or lease, the applicant shall pay all sums due, including required security deposit of \$ _____, before occupancy.

 Date

 Applicant (signature required)

CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.



Las Casas de San Pedro Apts.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.



EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. **Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)**

TO BE COMPLETED BY APPLICANT

1. Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Employment Verification Request to the Owner/Agent listed below. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name _____ Phone number (_____) _____

Signature _____ Date _____

TO BE COMPLETED BY OWNER/AGENT

2. Person requesting the employment reference

Name of Owner/Agent _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Phone number (_____) _____ Fax number (_____) _____

3. Applicant's employment information:

Present **OR** Prior Occupation (check one)

Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Supervisor's/HR Manager's Name _____ Employer/HR Phone number (_____) _____

Beginning and Ending Dates of Employment _____

Current Gross Income (if applicable) \$ _____

TO BE VERIFIED BY CURRENT OR FORMER EMPLOYER

4. Employment information verification

Is the information provided in Section 3 above correct?

Employer Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor's/HR Manager's Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/HR Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beginning and Ending Dates of Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Gross Income (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Verification provided by:

Name: _____

Title: _____

Phone: (_____) _____

If No, please explain: _____

Verification obtained by:

Phone Mail Fax



RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. **Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)**

TO BE COMPLETED BY APPLICANT

1. Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Rental Applicant Reference Request to the Owner/Agent listed below. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name _____ Phone number (_____) _____

Signature _____ Date _____

TO BE COMPLETED BY OWNER/AGENT

2. Person requesting the rental reference

Name of Owner/Agent _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Phone number (_____) _____ Fax number (_____) _____

3. Applicant's rental information

Name of rental community (if any) _____

Address of rental unit _____ Unit # _____

City _____ State _____ Zip _____

Name of Owner/Agent _____

Phone number (_____) _____ Fax number (_____) _____

Move-in date: Month _____ Year _____ Move-out date: Month _____ Year _____ or current resident

TO BE COMPLETED BY FORMER OR CURRENT OWNER/AGENT

4. Rental reference information

Did Applicant live at your property during the period indicated above? Yes No

If no, what were the dates of occupancy? From (month/year): _____ / _____ To (month/year): _____ / _____

How many times during the past 12 months did Applicant pay the rent late? 0 1-2 3-5 6 or more

Was any check from Applicant returned due to non-sufficient funds (NSF)? Yes No

Did you ever file for an unlawful detainer against Applicant for unpaid rent? Yes No

If yes, what was the result? _____

Does Applicant owe any amount for delinquent rent, utilities or damage to unit? Yes No

Did Applicant provide notice for ending tenancy according to the terms of the rental agreement? Yes No

Not applicable because Applicant still resides at unit

Did you ever serve a Three Day Notice to Applicant Yes No

If yes, please explain: _____

Information provided by: Name _____ Phone number (_____) _____

Information obtained by: Phone Mail Fax

