



1st CALL PROPERTY MANAGEMENT

P.O. Box 172 Trinidad CA 95570 • (707) 677-9317

ALL APPLICANTS OVER 18 MUST FILL OUT THIS FORM

Full Name _____ Date of Birth _____

Social Security # _____ Driver's Lic # _____ State _____

Vehicle Make/Model _____ Year _____ License # _____

Present Address _____ City/St _____ Zip _____

Date of Occupancy _____ Rent _____ Agent _____

Phone # _____ Reason for Leaving _____

Previous Address _____ City/St _____ Zip _____

Date of Occupancy from _____ to _____ Rent _____

Agent _____ Phone # _____ Sec. Dep. Return _____

Reason for Leaving _____

Present Employer _____ How Long _____

Address _____ Phone # _____

Position _____ Salary _____

Have you ever:(Yes or No)

Filed for bankruptcy? _____ Been evicted from tenancy? _____ Willfully or intentionally

refused to pay rent when due? _____ Broken a lease? _____

Name of closest relative _____

Address _____ City/St _____ Zip _____

Phone # _____ Relationship _____

Number of Dependents (excluding co-applicant) _____

I authorize Landord or His authorized Agent to verify the above information including but not limited to obtaining credit report

Date _____ Applicant _____ Phone# _____