THE WATERFRONT APARTMENTS RENTAL APPLICATION

| (510) 865-9494 Please Print Clearly | . Each adult applicant MUST fill out a separate application. |
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| <u>Applicant</u> | ^{V 9-26-2007} I am looking for a □One Bedroom □Two Bedroom | | | | |
|---|--|--|--|------------------------|--|
| Last name: | First name | Middle name: | | | |
| Date Of Birth:/ Soc. Sec.#: | | Drivers Lic. # | s | state: | |
| Work Phone: () | ext | Home Phone: () | | | |
| email: | | Mobil Phone: () | | | |
| Names and relationship of every person to be li | | ·, | | | |
| DOB | <u> </u> | | DOB | <u> </u> | |
| DOB | // | | DOB | // | |
| Present Address: | Apt#: | City: | State: | Zip: | |
| Rented Owned I lived there from Reason For Moving (please describe fully): | | | | | |
| Owner Or Manager's Name: | | phone: () | fax:: (|) | |
| Previous Address: | Apt#: | City: | State: | Zip: | |
| Rented Owned I lived there from: | | | | | |
| Reason For Moving (please describe fully): | | | | | |
| Owner Or Manager's Name: | | phone: () | fax:: (|) | |
| Employer | | | | | |
| Company Name: | | Phone: | () | | |
| Address: | City: | State: | Zip: | | |
| | 1 | Monthly Salary: \$ | Other: \$ | | |
| I started work with this employer on/ | / | | | | |
| | | | | ⊒yes ⊒no | |
| Position: | Is | this position permanent? □yes □ | Ino Full time? | | |
| Position: Supervisors Name: | Is | | Ino Full time? | - | |
| Position: Supervisors Name: <u>All Vehicles Owned</u> Make: Model: | Is | this position permanent? □yes □ His/Her Fax: Year: Color: | Ino Full time? [() | | |
| I started work with this employer on/ Position: Supervisors Name: <u>All Vehicles Owned</u> Make: Model: □Car □Truck □Truck With Camper | Is | this position permanent? □yes □ His/Her Fax: Year: Color: Motorcycle | Ino Full time? [() Lic.: | State: | |
| Position: Supervisors Name: <u>All Vehicles Owned</u> Make: Model: DCar DTruck DTruck With Camper Make: Model: | Is | this position permanent? □yes □ His/Her Fax: Year: Color: Motorcycle Year: Color: | Ino Full time? [() Lic.: | State: | |
| Position: Supervisors Name: <u>All Vehicles Owned</u> Make: Model: @Car @Truck @Truck With Camper Make: Model: @Car @Truck @Truck With Camper | Is | this position permanent? □yes □ His/Her Fax: Year: Color: Motorcycle | Ino Full time? [() Lic.: | State: | |
| Position: Supervisors Name: All Vehicles Owned Make: Model: DCar DTruck DTruck With Camper Make: Model: DCar DTruck DTruck With Camper In Case Of Emergency Please Notify | UVan C | this position permanent? □yes □ His/Her Fax: Year: Color: Motorcycle Year: Color: Motorcycle | Dno Full time? C () Lic.: | State: | |
| Position: Supervisors Name: All Vehicles Owned Make: Model: DCar DTruck DTruck With Camper Make: Model: DCar DTruck DTruck With Camper In Case Of Emergency Please Notify Name: | UVan C | this position permanent? □yes □ His/Her Fax: Year: Color: Motorcycle Year: Color: Motorcycle Relationship: | Dno Full time? C () Lic.: Lic.: | State: | |
| Position: Supervisors Name: <u>All Vehicles Owned</u> Make: Model: @Car @Truck @Truck With Camper Make: Model: | UVan City: | this position permanent? □yes □ His/Her Fax: Year: Color: Motorcycle Year: Color: Motorcycle Relationship: State: | Dno Full time? C () Lic.: Lic.: | State: State: o: | |
| Position: | Is | this position permanent? □yes □ His/Her Fax: Year: Color: Motorcycle Year: Color: Motorcycle Relationship: State: Home Phone: (| Dno Full time? C () Lic.: Lic.: Zij) Zij | State: State: o: | |
| Position: | Is | this position permanent? □yes □ His/Her Fax: Year: Color: Motorcycle Year: Color: Motorcycle Relationship: State: Home Phone: (| Ino Full time? I () | State: State: o: | |

 Today's Date:
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 Applicant's Signature: