## Mid-Valley Property Management 250 N. M Street, Tulare, CA 93274 www.tularecountyrentals.com (559) 684-9094

Office Use Only	Single Tenant		
, ,	Multiple Tenants		
	Co-signer		
App of	Total Paid \$		

A separate application to rent is required for each occupant 18 years of age or over, or an emancipated minor.

Applications must be completed in full and have all required information to be accepted. (Requirements listed on the back)

Personal Information: Firs	st Name	Middle	L	ast	
		License # Exp So			
				Phone	
				ssage and data rates may apply.	
Residence History – Need	6 Years				
Current Address					
Move in date	Do/Did yoι	own this property?	Yes / No	Is Landlord Related? Yes / No	
Landlord		Landlord's Ph	none		
				Monthly Rent	
				Is Landlord Related? Yes / No	
Reason for leaving				Monthly Rent	
Past Address					
				Is Landlord Related? Yes / No	
				·	
				Monthly Rent	
	please list additional address				
Employment or Income So	ource				
Current Employer/Payer		From		to	
Address		City/Sta	ate/Zip		
Position/Title	Net(Af	ter Taxes) Income		per	
Verifier Name	Verifie	r's Phone			
Section 8? Yes / No If yes,	a non-expired voucher will	be required. If yes, a	mount of b	edrooms on voucher:	
If less than 2 years, please list	additional employment below	v:			
Past Employer/Payer					
Address		City/Stat	te/Zip		
				per	
Please attach a list	of other sources of income. F	Proof of income example	s/requireme	ents listed on the back.	
Does any occupant plan on usir	ng liquid filled furniture? Yes	S / No If yes, type?			
Any live animals? Yes / No If					
Has Applicant or other occupan	,	·	viction? \	res / No	
2) Ever asked to move?	•	. , ,	Yes / No		
	ed to no contest to a felony?		rug charges?	Yes / No	
If yes to any of the above, expl	lain:	·			
			Λ	olicant's Initials /	
			Abb	olicant's Initials ()	

Total number of proposed occup	oants	(Including yourself). Please list all below:			
Name	Relationship <b>Self</b>	Name 		Relationship	
In case of Emergency Call:	Address	City	Phone	Relation	
Nearest Relatives:	Address	City	Phone	Relation	
Bank Name:	Type of Account	City	Phone	Balance	
<ol> <li>Copy of Social</li> <li>Proof of Incom         Example         State     </li> <li>List of Address</li> </ol>	's License or State Identificati Security Card or Tax Identificate for the last 2 months. Self-oples: Check Stubs, SSI Letter, I ments, Tax Return.	ation Number employed must provide cu Unemployment Letter, Pu		ork, Bank	
	oplicants non-refundable scre \$ 9.45 for	ening fee of \$20.00 is appl credit reports out of pocket expenses processing	ied as follows:		
Applicant understands and agrees to	•				
This is an application to rent and do more than one application for the puntil the non-refundable screening f	remises and, using their sole disci	retion, select the best qualifie	ed applicant. Applications v	will not be processed	
It is the Applicants responsibility to applications, missing documentation below the minimum income require properties.)	n, having any evictions/unlawful c	detainers, having unpaid utilit	y bills, having superior cou	ırt judgements, or	
All premises represented by Mid-Va of any drug is prohibited. No Pet preperson.					
Applicant represents the above infoinformation provided 2) obtain a cremay include, but not be limited to, chistory. Applicant further authorizes application process, and information	dit report on applicant and 3) ob riminal background checks, repor Landlord or Manager or Agent to	otain other reports, warnings, rts on unlawful detainers, bac o disclose information on the	and verifications on and a d checks, fraud warnings, e application, information o	about applicant, which employment and tenant obtained during the	
Authorize Cell Texting** - Applicant	understands that standard text n	nessage rates and data rates i	may apply.		
Premises applying for:			Rent \$		
Applicant Signature		 Date		 Time	