

**APPLICATION TO RENT / SCREENING FEE**  
*\$30 PER APPLICATION*

**MAX Property Management, Inc.**  
Professional Property Management Services

THIS SECTION TO BE COMPLETED BY APPLICANT. A SEPARATE APPLICATION TO RENT IS REQUIRED FOR EACH OCCUPANT 18 YEARS OF AGE OR OVER.

PROPERTY ADDRESS: \_\_\_\_\_ RENT: \$ \_\_\_\_\_ PROJECTED MOVE-IN DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Drivers License: \_\_\_\_\_ Smoke: Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHERS WHO WILL BE LIVING IN SUBJECT PROPERTY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**CURRENT ADDRESS** Do you own this Property Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_ Mgr/Landlord: \_\_\_\_\_  
City: \_\_\_\_\_ Mgr/Landlord Phone: \_\_\_\_\_  
State/Zip: \_\_\_\_\_/\_\_\_\_\_ Move-in Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Move-out Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PREVIOUS ADDRESS** Did you own this Property Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_ Mgr/Landlord: \_\_\_\_\_  
City: \_\_\_\_\_ Mgr/Landlord Phone: \_\_\_\_\_  
State/Zip: \_\_\_\_\_/\_\_\_\_\_ Move-in Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Move-out Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CURRENT EMPLOYMENT**

Company: \_\_\_\_\_ Manager/HR: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Manager/HR Phone: \_\_\_\_\_  
Gross Income: \$ \_\_\_\_\_ per \_\_\_\_\_ Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
State/Zip: \_\_\_\_\_/\_\_\_\_\_

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**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ Manager/HR: \_\_\_\_\_  
Address: \_\_\_\_\_ Manager/HR Phone: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Gross Income: \$ \_\_\_\_\_ per \_\_\_\_\_

**ADDITIONAL INCOME**

Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
Verify with: \_\_\_\_\_ Phone: \_\_\_\_\_

**BANK INFORMATION**

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount: \_\_\_\_\_  
Bank: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

**PERSONAL REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PET INFORMATION**

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

**ADDITIONAL INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, details and dates: \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED, DECLARED BANKRUPTCY OR HAD A JUDGEMENT? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, details and dates: \_\_\_\_\_

\_\_\_\_\_ I agree to the following statement

I understand that the information provided might be used by MAX Property Management to determine whether to accept this application. I authorize MAX Property Management to verify all the information given in this application, including current/past rental information, personal references and employment information provided. I authorize MAX Property Management to obtain a current credit and criminal background check.

\_\_\_\_\_ I agree to the following statement

I understand that this application is not a rental agreement and that this application does not create any obligation on MAX Property Management.

\_\_\_\_\_ I agree to the following statement

Applicant has paid a nonrefundable screening fee of \$30.00, applied as follows:  
\$25.00 for credit reports prepared by Cal Coast Credit Reports, and \$5.00 for processing.

The undersigned represent that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for denial or eviction.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION  
TO PROSPECTIVE PROPERTY MANAGER**

**MAX Property Management, Inc.**  
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1. For current and/or previous landlord:

I am applying to rent a unit from Max Property Management, Inc. I authorize my current and/or previous landlords to release any and all information that might be requested by Max Property Management, Inc. This includes, but is not limited to, payment history, complaints, previous credit reports, and anything else they may request. You may provide Max Property Management, Inc. with copies of my entire tenant file. There is no limit to the information that may be released.

I will hold any and all current or previous landlords free and harmless from any and all liability for verbal or written information provided to Max Property Management, Inc.

2. For current and/or previous employer:

I am applying to rent a unit from Max Property Management, Inc. I authorize my current and/or previous employers to release any and all information that might be requested by Max Property Management, Inc. This includes date(s) of employment & monthly gross pay.

I will hold any and all current or previous landlords free and harmless from any and all liability for verbal or written information provided to Max Property Management, Inc.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# CREDIT CARD AUTHORIZATION FORM

**MAX Property Management, Inc.**  
Professional Property Management Services

PROPERTY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Applicant(s) Name(s): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ / \_\_\_\_\_

Credit Card Type:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover

Credit Card Number:    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date:    \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code:    \_\_\_\_\_

Card Id Number:    \_\_\_\_\_

*(last 3 digits located on the back of the credit card)*



Credit Check fees: \$30.00 per adult applicant.

Credit Card convenience fees: \$5.00

Amount Charged:    \$ \_\_\_\_\_ (USD)

I authorize my credit card to be charged for the above amount for the purpose of a credit check for the above listed property.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office: (510) 505-0702  
Fax: (510) 505-9755

[www.maxpropertymanagement.com](http://www.maxpropertymanagement.com)  
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