



## STEPHENS PROPERTY MANAGEMENT

◆ 1330 N. Broadway Suite C, Walnut Creek, CA 94596 ◆ Phone: (925) 930-7760 Fax: (925) 930-6899 ◆ [www.spmproperties.com](http://www.spmproperties.com) ◆

**Application Received By:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Application Fee Rec'd \$** \_\_\_\_\_ **Cash**  **MO**  **#** \_\_\_\_\_

**Application Submitted to:**  **PM**  **Leasing Agent**  **Accountant**  **Date Submitted:** \_\_\_\_\_ **Fee received by Accountant:** \_\_\_\_\_ **Initial** \_\_\_\_\_

Property	Apt. #
How did you hear about our company? Newspaper / Craigslist.com / For Lease Sign / Other: _____	

**Anyone over the age of 18 years old must submit a separate application. There is a non-refundable screening fee of \$30.00 payable by cash or a money order/cashier check ONLY. Applications will not be processed until they are completed and fees are received. A photocopy of the applicant's Picture ID (Driver's License is preferred) and proof of income are required with all applications. A photocopy of the applicant's Social Security Card should be provided if you have one. Failure to provide Social Security Number may result in our inability to obtain a credit report or other information which would allow us to process your application.**

Last Name	First Name	Middle Name	SSN or ITIN
Other Names used in last 10 years			Date of Birth
Drivers License No./ State		Home Phone Number	Cell Phone Number
Email Address			Work Phone Number
1.	Present Address		City State Zip Code
	Move-In Date	Owner/Mgr. Name	Owner/Mgr. Phone No. Owner/Mgr. Fax No.
	Move-Out Date & Reason for Moving		
2.	Previous Address		City State Zip Code
	Move-In Date	Owner/Mgr. Name	Owner/Mgr. Phone No. Owner/Mgr. Fax No.
	Move-Out Date & Reason for Moving		
3.	Next Previous Address		City State Zip Code
	Move-In Date	Owner/Mgr. Name	Owner/Mgr. Phone No. Owner/Mgr. Fax No.
	Move-Out Date & Reason for Moving		

Proposed Occupants	Name(s) & Date of Birth	Name(s) & Date of Birth
List ALL Occupants Besides Yourself.		

A.	Present Occupation		Company Name	
	Supervisor's Phone #	Supervisor's Fax #	Company Address	
	Name of your Supervisor			
	Current Gross Income \$	Per (Check one) <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Start Date	Other Income \$

B.	Prior Occupation		Company Name	
	Supervisor's Phone #	Supervisor's Fax #	Company Address	
	Name of your Supervisor			
	Current Gross Income \$	Per (Check one) <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Start Date	Other Income \$

