

# Casa del Sol Apartments

26030 E. Baseline St. San Bernardino CA 92410

PH: 909-425-5324 / 909-425-5325

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

[casadelsol@anzaliving.com](mailto:casadelsol@anzaliving.com)

*Welcome to Our Community!*

## Instructions to submit your rental application:

### 1) **Application.**

- a) **Every adult** (all applicants 18 years and older) must complete an application.
- b) Please complete the **entire** application. No box unanswered.
- c) Each applicant must show valid government issued **photo identification** (state-issued photo identification card, driver's license, passport, counsel identification, etc.).

### 2) **Proof of Income.**

- a) You will need to provide proof of income; minimum monthly income must be **2.5 times** the rental rate.
- b) Proof of income must to be **original documentation**.
- c) We require **4 more resent paystubs** covering minimum one full month.
- d) For other sources of income please speak to Leasing Consultant for clarification.

### 3) **Fees:** All fees must be paid with money order or cashier's check payable to the order of "**Casa del Sol**".

- a) Application fee: **\$35** required per adult. No refundable fee.
- b) Holding Deposit: **\$100** required to hold a specific apartment. Refundable under certain conditions.

*\*Payment of these fees is NOT a contractual obligation and does not guarantee housing.*

**Cash is never accepted.**

### 4) **Automatic Disqualification:** A prior eviction on your record or if any monies owed to any rental property. The only bankruptcy condition that is acceptable is one that has been discharged for over one year.

- **Utilities Included:** WATER, TRASH, SEWER and GAS.
- **PET POLICY:** NO PETS
- **CRIME FREE POLICY:** ZERO TOLERANCE

Our goal is to complete your application within 48 hours. It is very important that all information submitted is correct and complete. Any application that is received incomplete, without required proof of income or missing the required fees payments will be cancelled.

➤ **PRICING AND SPECIALS ARE SUBJECT TO CHANGE WITHOUT NOTICE**



## APPLICATION TO LEASE

The following must be completed in its entirety and verified prior to consideration for occupancy. All documents provided by applicant will be retained with this application.

For Office Use Only	
Property Name	Apt #
Move-In Date	Apt. Type
Staff Member	Rent

**PLEASE PRINT**

**PERSONAL INFORMATION**

LAST NAME		FIRST NAME
Gov't Issued Photo ID/State	Social Security Number	Date of Birth
Current Phone #	Cell Phone #	E-mail Address
Names of others who will occupy apartment		

**RESIDENTIAL HISTORY**

Current address (Number, Street, City, Zip)		If apartment, name of complex
		Dates of Residency
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	House <input type="checkbox"/>
Apartment <input type="checkbox"/>	Room <input type="checkbox"/>	
To whom do you make payments?		Monthly payment \$
Name		
Address		Phone # ( )
City	State	Zip
Previous address (Number, Street, City, Zip)		If apartment, name of complex
		Dates of Residency
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	House <input type="checkbox"/>
Apartment <input type="checkbox"/>	Room <input type="checkbox"/>	
To whom did you make payments?		Monthly payment \$
Name		
Address		Phone # ( )
City	State	Zip

**INCOME**

Current Employer (If employed)		Dates of Employment	
Address		From	To
City	State	Zip	Phone # ( )
Type of business	Position	Income \$	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly

Other verifiable income	Annually	Description
\$	Monthly	
\$	Annually	Description
\$	Monthly	
\$	Annually	Description
\$	Monthly	
\$	Annually	Description
\$	Monthly	
\$	Annually	Description
\$	Monthly	

**FINANCIAL**

Checking: Bank and branch	Acct. #
Savings: Bank and branch	Acct. #
Other Assets (if needed to qualify)	

**FINANCIAL (Continued)**

Have you ever filed bankruptcy? Yes  No  If yes, when \_\_\_\_\_ If yes, date of discharge \_\_\_\_\_  
 County and state where filed \_\_\_\_\_

Have you ever had any suits, liens, judgments, evictions or repossessions? Yes  No

Describe \_\_\_\_\_ County and State \_\_\_\_\_  
 Describe \_\_\_\_\_ County and State \_\_\_\_\_  
 Describe \_\_\_\_\_ County and State \_\_\_\_\_

**CURRENT FINANCIAL OBLIGATIONS (Please list ALL monthly payments)**

Name	Address	Account Type

**VEHICLES**

How many vehicles do you own? \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_  
 (cars, trucks)  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

**PARKING OF RECREATION VEHICLES, BOATS, TRAILERS OR COMMERCIAL VEHICLES ON THE PROPERTY IS PROHIBITED UNLESS DESIGNATED AREA IS PROVIDED.**

**EMERGENCY INFORMATION** In case of Emergency, please notify

<b>First Emergency Contact</b>		
Last Name	First Name	Relationship
Address		Phone Number
<b>Second Emergency Contact</b>		
Last Name	First Name	Relationship
Address		Phone Number

**HOW DID YOU FIRST LEARN OF THIS APARTMENT COMMUNITY?**

<input type="checkbox"/> Apartment Guide	<input type="checkbox"/> Drive By	<input type="checkbox"/> Referral _____	<input type="checkbox"/> Anza Community	<input type="checkbox"/> Apts.com	<input type="checkbox"/> Flyer
<input type="checkbox"/> For Rent.com	<input type="checkbox"/> Craigslist	<input type="checkbox"/> Signs	<input type="checkbox"/> Website	<input type="checkbox"/> Other Not Listed	

**REASON FOR RELOCATION:** \_\_\_\_\_

This application is made for the purpose of procuring rental of the herein described premises, and for credit clearance. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to investigate my credit, financial, litigation and rental history. I authorize you to obtain reports that may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, social security number verification and previous tenant and employment history.

I hereby agree to release and hold harmless the property, its owners, Anza Management Company, their agents and employees from any and all liability, legal proceedings and costs including attorney's fees arising out of either the verification of the information contained on this application form or the release of this information to other parties. All of the above data and information set forth herein including, but not limited to the statement of my assets, income and financial condition is warranted to be true and accurate and to fully and currently state my financial conditions as of the date of this application.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



In the next forms **ONLY** provide  
authorization **signature** and **date**.

Thank you



TO: HR

FROM: Adriana Garcia, Resident Manager

PROPERTY: Casa del Sol Apartments

DATE:

RE: REQUEST FOR EMPLOYMENT VERIFICATION

=====

\_\_\_\_\_, an employee of your company, has applied to rent an apartment from Casa del Sol Apartments, and has authorized us to request this information.

Since it is our policy to verify employment dates, position and salary in order to qualify a future resident, we would appreciate your cooperation in providing all of the information listed below

by: calling me at 909-425-5324 OR returning this form by email to casadelsol@anzaliving.com, fax to N/A or mail to us at \_\_\_\_\_ as soon as possible. All information will be kept strictly confidential.

If you have any questions, please give me a call.

Starting Date: \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Salary: \$ \_\_\_\_\_/Month \$ \_\_\_\_\_/Year

Information Verified By: \_\_\_\_\_ (Print Name and Title)

Signature: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION:**

Please release all information requested above.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

TO:

FROM: Adriana Garcia, Resident Manager

PROPERTY: Casa del Sol Apartments

DATE:

RE: RESIDENT VERIFICATION FOR \_\_\_\_\_

The above referenced individual, a current or former resident of your property, has applied to rent an apartment from us and has given us authority to request this information. It is our policy to verify residence dates, amount of rent paid, etc., in order to qualify a future resident. We would appreciate your cooperation in providing all of the information listed below by: calling me at 909-425-5324 OR returning this form by email to CASADELSOL@anzaliving.com, fax to XXXX or mail to \_\_\_\_\_ as soon as possible. All information will be kept strictly confidential. If you have any questions, please give me a call.

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Move-In Date: \_\_\_\_\_

Monthly Amount Paid: \_\_\_\_\_ # of Late Payments: \_\_\_\_\_

NSFs: \_\_\_\_\_ Lease/Rental Agreement Completed? \_\_\_\_\_

Were there any problems with the resident? \_\_\_\_\_

Move-Out Date: \_\_\_\_\_ 30 Day Notice Given? \_\_\_\_\_

Was the security deposit used for rent or damages? Please explain: \_\_\_\_\_

Information Verified By: \_\_\_\_\_  
(Print Name and Title)

Signature: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION:** \_\_\_\_\_  
Applicant Signature / Date