	Acknowledge & Approved Property Management — AP. PO BOX 11304 SAN BERNARDING CA 92423 PH 909-268-6888 FAX 909-53.	PLICATION 2025 3-2528
Property	Address:	
Move In Da	te: Application Fee Collected: Y / N \$ Holding	Deposit Collected: Y / N \$
here to assist company. If the property before or after	ak you for your interest in our properties we have for rent. We are a Proper you with the process of your application for the property listed above. We you have any questions regarding the application, feel free to contact us. A once your application has been approved. We have the right to review & a er you have submitted your application. You application is considered apputer with your name & move in breakdown from Acknowledge & Approve	e are not a rental assistance A Holding Deposit is strictly to hold accept an application that has come rove when you have received an
process your  - 4 - 2 - 1 - 3 - 4 - 1 - 6 - 6 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	A copy of your valid Divers License or State Issued ID card.  Most Recent Pay Check Stubs & a W2 from your current employment.  Self Employed 12 Months Bank Statements or 1 years Tax Return.  However, and the Per Person – Payable through Zelle: Phone #: 909  Holding Deposit will be required within 48 hours after an Approval Lett Deposit needs to be Payable to: "Acknowledge & Approved Property Man the price and time frame. We can hold up to 30 days. A HOLDING DEPOSITION THE APPLICATION PROCESS but will be required once you light to accept additional applications & can approve anyone at any time. The Applications may take up to 3 business days to process. If your application have a 3-day cancelation period from the date an Approval Letter is email by your Holding Deposit will be pro-rated based on the number of days after you are applying for a property that accepts Section 8, we need your application hold a property for you if your Housing Voucher has not yet been approprint the second property of the proper	9-264-6686. er has been emailed. The Holding agement." The amount will vary on SIT WILL NOT BE ACCEPTED have been approved. We have the THE HOLDING DEPOSIT DOES has been approved you will only led. Otherwise, it will be forfeited or the 3-day cancelation period. roval notification. We are unable yed.
ō	PAYMENT FOR MOVE IN MUST BE IN A CASHIERS CHECK, M CASH. NO personal checks will be allowed for move in funds. Full am We will not review any application(s) until all credit check fees and docum	ount must be received.
a i	AUTHORIZATION: By signing below, I,uthorization to "Acknowledge & Approved Property Management" and it information needed to verify past rental, employment, banking, credit, backerifications that may be needed in order to process my application:	
	The application MUST BE e-mailed, texted (909-268-688 Fax #: 909-533-2528 or Email: <u>Acknowledgeapproved</u>	
A	pplicants' Signature	Date



## Acknowledge & Approved

## Property Management - APPLICATION PO BOX 11304 SAN BERNARDINO CA 92423 PH 909-268-6888 FAX 909-533-2528

*ALL Occupants 18 year	s of age or older must fill	out an indiv	Deisson	plication"	и. I D.:: т	
NAME:(First, Middle, Last)			Driver License Number / State ID#: Driver License State Issue			
Social Security #:			Date of Birth: (For purpose of obtaining credit reports. Age discrimination is prohibited by law.)			
500						
Home Phone #:			Cell P	hone #:		
Email Address:						
NAMES OF OTHER OC	CUPANTS:		Date of Birth:			
				1	· · · · · · · · · · · · · · · · · · ·	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	///////////////////////////////////////	_ ////////////////////////////////////	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CURRENT ADDRESS:			CITY		STATE	ZIP CODE
,						
G II II I/M			Cumant	andland / Management Off	<u> </u>	
Current Landlord / Manage	ments Name:	'	Current Landlord / Management Office Contact #:			
C A Manakhar Dont De	sid. C		How Long of Comment Add			
Current Monthly Rent Pa			How Long at Current Address:			
///////////////////////////////////////						
PREVIOUS ADDRESS (	must be filled out):	1'	CITY STATE ZIP CODE			
i :						
Previous Landlord / Manage	ements Name:	1	Previous Landlord / Management Office Contact #:			
Previously Monthly Rent	Paid: \$		How Long at Previous Address:			
///////////////////////////////////////	///////////////////////////////////////					
CURRENT EMPLOYMEN	T COMPANY NAME:					
			CITY		Cm + mm	T
ADDRESS			CITY		STATE	ZIP CODE
Work Office Phone #:	Work Fax #:	Current Po	sition:			
Length of Employment at cu	rrent job:	Current Gr	oss Mont	hly Income:		
		<u> </u>				
DDEVIOUS EMPLOYMEN	T COMPANY NAME: (If a	//////////////////////////////////////	//////////////////////////////////////	//////////////////////////////////////	//////////////////////////////////////	//////////////////////////////////////
TREVIOUS EMPLOTMEN	i Comi Anti Name. (II a	, bi eacht emb		man o year, picase complete t	ne ionowing)	•
i'						
ADDRESS			CITY		STATE	ZIP CODE
[;						
Work Office Phone #:	Work Fax #:	Previous Po	sition:		J	
(						

Length of Previous Employment:		Previous Employment Gross Monthly Income:			
Any Current Additional Other Income (monthly):		Source & Contact # of Paying Other Income:			
If YES, explain:  2) Has applicant  If YES, explain:		ver been convicted	d of or pleaded no contest to a felony? Yes / No		
3) Have you ever	been evicted or asked to mo				
If YES, explain:	een convicted for selling, distri		What Breed(s)?		
Is your Animal an Emo	al(s)? Yes No If Yes H otional Support Animal? Yo	es No If Yes – Pl	lease include your doctor's approval with your application		
	///////////////////////////////////////				
AUTOMOBILES Year:	Make/Model	Color:	License Plate #		
Year:	Make/Model:	Color:	License Plate #:		
Bank Name:		1 ////////////////////////////////////			
Checking/Savings Acco	ount#				
Emergency Contact (of	ther than occupant): MUST	BE FILLED OUT	Г		
Name:			Phone #: City/State/Zip:		
Address:			City/State/Zip:		
Relationship:					
Applicant understand & agree that this is an application to rent only. It does not guarantee that applicant will be offered the premises. The Owner / Manager or Agent may receive more than one application for the premises & will select the best qualified applicant for the property.					
Applicant represents the above information to be true and complete, and hereby authorize Landlord or Manager or Agent to verify the information provided and to obtain a credit report on applicant.					
SCREENING FEE: \$40.00 per applicant: Credit Report issues by CIC & we will provide a copy.					
Applicant Signature:			Date:		
Applicant Signature: Date:					



## **ELECTRONIC SIGNATURE VERIFICATION** FOR THIRD PARTIES

(C.A.R. Form ESV, Revised 12/21)

Property Address	
To Escrow, Lender, X Other A & A.P.M./Acknowledge & Approved Property Management	, and whomever else this may concern:
1. Applicants Name:	
is a party to a Purchase Agreement, OR X Other Lease / M-T-M Agreement	t ("Agreement")
on property known as	dated
and the real estate transaction resulting therefrom in which (applicant's name)	
is referred to as tenant & Acknowledge & Approved Property Management	
<ol> <li>Principal verifies that those documents containing an electronic signature or initial Principal.</li> </ol>	a
Date	
Principal(Do not sign electronically)	
(Print name)	
E-Mail Address:	

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ESV REVISED 12/21 (PAGE 1 OF 1)



Telephone: 800-288-4757

## NOTICE REGARDING BACKGROUND INVESTIGATION REPORTS PURSUANT TO CALIFORNIA LAW

(C.A.R. Form BIRN, Revised 6/23)

The person signing below (on behalf of the Housing Provider, if not the Housing Provider) intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for the purpose of letting a dwelling. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for housing purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("CRA"), the Housing Provider may investigate the information contained in your rental application and other background information about you, including but not limited to obtaining a criminal record report, eviction report, verifying references, work history, your social security number, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making housing decisions. The source of any investigative consumer report (as that term is defined under California law) will be:

, Address: 3700 Crestwood Pkwy NW, Suite 300 Duluth, GA 30096

Email: CIC@cicreports.com

Applicant Signature	Date
The undersigned acknowledges receipt of this Notice Regarding Backgron Law.	und Investigation Pursuant to California
The CRA will provide trained personnel to explain any information furnished to of any coded information contained in files maintained on you. This written exprovided to you for visual inspection.  You may be accompanied by one other person of your choosing, who must fur require you to furnish a written statement granting permission to the CRA to disc	nish reasonable identification. A CRA may cuss your file in such person's presence.
"Proper Identification" includes documents such as a valid driver's license, identification card, and credit cards. Only if you cannot identify yourself with additional information concerning your employment and personal or family histo	n such information may the CRA require ry in order to verify your identity.
<ul> <li>In person, by visual inspection of your file during normal business hours request a copy of the information in person. The CRA may not charge you providing you with a copy of your file.</li> <li>A summary of all information contained in the CRA's file on you that is Civil Code will be provided to you via telephone, if you have made a writelephone disclosure, and the toll charge, if any, for the telephone call is By requesting a copy be sent to a specified addressee by certified certified mailings shall not be liable for disclosures to third parties of mailings leave the CRAs.</li> </ul>	required to be provided by the California itten request, with proper identification, for prepaid by or charged directly to you. mail. CRAs complying with requests for eaused by mishandling of mail after such
Under California Civil Code § 1786.22, you, with proper identification, are enti CRA's file on you, as follows:	
The Housing Provider agrees to provide you with a copy of an investigative cons California law.	
TOTO STATE OF THE	

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BIRN REVISED 6/23 (PAGE 1 OF 1)

NOTICE REGARDING BACKGROUND INVESTIGATION REPORTS PURSUANT TO CALIFORNIA LAW (BIRN PAGE 1 OF 1)

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Payrid Wills

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