



# ALLPOINT PROPERTIES RENTAL APPLICATION

**Allpoint Properties 2315 – C Street Sacramento, CA 95816**  
**(916) 446-1000 EXT. 300 (916) 446-1108 Fax**  
**WWW.ALLPOINT.COM**

Office Hours: Monday through Friday 9:00 am to 12:00 pm & 1:00 pm to 5:00 pm  
Saturdays by appointment only!  
Closed on Sundays

*Properties are shown daily and by “appointment only”. We have general “open house” showings. Please see staff for details.*

Please fill in all items completely. This application can accommodate up to two applicants. Ask for additional application(s) if more than two adult applicants.

We charge a **\$25.00** application fee for a routine CREDIT-REFERENCE check.  
**Each adult applicant must pay a \$25 non-refundable application fee.**  
**WE DO NOT ACCEPT ANY PERSONAL CHECKS. THIS FEE IS NON-REFUNDABLE.**

We reserve the right to accept or reject any applicant based on the information provided in credit reports, landlord references, and ability to pay (income sources).

Qualifying income criteria for acceptance purposes should include the following: all adult applicants must have sufficient income to meet the criteria of 2 ½ to 3 times the rent quoted for apartments and/or homes renting under \$999.00 per month. For apartments or homes renting over \$1,000.00 per month, the criteria of income 3 times the rent quoted would be applicable. All adults applying must have good credit and good landlord references.

**When submitting application, please make sure each adult signs the application; submit copies of California identification or Driver’s License and paystubs/income verifications. Thank you.**

(When turning in applications after normal business hours, please use our “drop box” at the front door).

Office Use Only:  
Photo ID: \_\_\_\_\_  
App Fee Paid: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

### APPLICATION TO RENT

(This application can accommodate 2 adults. If more than 2 adults, please take an additional application.)

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Smoker \_\_\_\_\_ Non-Smoker \_\_\_\_\_  
Full Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Driver's License or ID #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_  
Present Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If you rent, your Landlord/Manager's Name and Phone Number: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_  
If at above address for less than 2 years, list former address \_\_\_\_\_  
Former Landlord Name and Phone Number: \_\_\_\_\_  
Source of Income: \_\_\_\_\_ How often paid? \_\_\_\_\_ Are you currently employed? Y/N  
Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_ Circle one: Weekly - Bi-monthly - Monthly - Other: \_\_\_\_\_  
Length of time on job: \_\_\_\_\_ Where do you bank? \_\_\_\_\_ Checking – Savings  
Any additional income sources? \_\_\_\_\_ How much? \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Emergency Contact Address: \_\_\_\_\_  
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Smoker \_\_\_\_\_ Non-Smoker \_\_\_\_\_  
Full Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Driver's License or ID #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_  
Present Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If you rent, your Landlord/Manager's Name and Phone Number: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_  
If at above address for less than 2 years, list former address \_\_\_\_\_  
Former Landlord Name and Phone Number: \_\_\_\_\_  
Source of Income: \_\_\_\_\_ How often paid? \_\_\_\_\_ Are you currently employed? Y/N  
Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_ Circle one: Weekly - Bi-Monthly - Monthly - Other: \_\_\_\_\_  
Length of time on job: \_\_\_\_\_ Where do you bank? \_\_\_\_\_ Checking – Savings  
Any additional income sources? \_\_\_\_\_ How much? \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Emergency Contact Address: \_\_\_\_\_

