



13279 Palm Drive, Suite 8
Desert Hot Springs CA 92240
760-567-4031

REQUIREMENTS

When application is completed, fax or email complete package with documentation listed below to:

Fax: 760-820-1709

Email: diana@dianawickler.com

IN ORDER TO PROCESS YOUR APPLICATION TO LEASE WE REQUIRE THE FOLLOWING FROM EACH PERSON OVER THE AGE OF 18:

1. THE APPLICATION MUST BE COMPLETELY FILLED OUT, NO BLANK ANSWERS.
2. COPY OF EACH APPLICANTS DRIVERS LICENSE AND SOCIAL SECURITY CARD OR PICTURE ID UPON ACCEPTANCE.
3. COPY OF TWO (2) MONTHS PAY STUBS OR BANK STATEMENTS.
4. COPY OF PROOF OF INCOME (Section 8, SSI, Assistance, Social Security Letters).
5. COMBINATION OF ALL INCOME TO BE 2 ½ - 3 TIMES THE AMOUNT OF THE MONTHLY RENT. INCOME MUST BE VERIFIABLE.
6. BANKRUPTCIES AND/OR FORECLOSURES WILL BE CONSIDERED.
7. MUST HAVE VERIFIABLE RENTAL HISTORY OF AT LEAST 2 YEARS.
8. APPLICATIONS ARE PROCESSED ON A FIRST COME FIRST SERVE BASIS. THE RENTAL UNIT WILL BE RENTED TO THE FIRST QUALIFIED APPLICANT. OWNER MAKES THE FINAL DECISION ON ALL APPLICATIONS.
9. THIS PROPERTY IS DRUG, CRIME AND DOMESTIC ABUSE FREE. WE DO NOT TOLLERATE CRIMES AGAINST PERSONS OR PROPERTY.
10. OCCUPANCY GUIDELINE: 2 PERSONS PER BEDROOM + 1 PER UNIT.

For more copies of this application, please go to DesertCitiesRealtors.net and download/print the PDF.

Desert Cities Realtors – Application To Lease

See requirements on 1st page - **APPLICATION FEE: \$45.00 EACH ADULT (CASH) - NON-REFUNDABLE**

Desired Property:

DATE:

APPLICANT Name:				Phone:	
Current Address:					
City:		State:		Zip:	
Date of Birth:		Social Security #:			
Driver's License #:		State:		Expiration:	
Make of Auto:		Model:		Year:	
Color:		License Plate #:		State Registered:	
Name of Current Landlord:				Phone:	
How long at this address:		Monthly Rent: \$			
Reason for Leaving:					
Previous Address:				How Long:	
Previous Landlords Name:				Phone:	
Current Employer:				How Long:	
Employers Address:				Phone:	
Your Position:		Income: \$		per	Hour / Month / Year
Other Income:		per	Source:		
Other Income:		per	Source:		
Name of Bank:			Account #:		
Have you been Evicted?		Yes / No	Ever Convicted of a Felony?		Yes / No
Have you filed Bankruptcy in last (3) three years?		Yes / No	If yes, what year?		
Names and Ages of all other occupants and relationship to Applicant: 1)					
2)		3)			
4)		5)			
CO-APPLICANT Name:				Phone:	
Current Address:					
City:		State:		Zip:	
Date of Birth:		Social Security #:			
Driver's License #:		State:		Expiration:	
Make of Auto:		Model:		Year:	
Color:		License Plate #:		State Registered:	
Name of Current Landlord:				Phone:	
How long at this address:		Monthly Rent: \$			
Reason for Leaving:					
Previous Address:				How Long:	
Previous Landlords Name:				Phone:	
Current Employer:				How Long:	
Employers Address:				Phone:	
Your Position:		Income: \$		per	Hour / Month / Year
Other Income:		per	Source:		
Other Income:		per	Source:		
Name of Bank:			Account #:		
Have you been Evicted?		Yes / No	Ever Convicted of a Felony?		Yes / No
Have you filed Bankruptcy in last (3) three years?		Yes / No	If yes, what year?		
PETS:		Type:	Breed:	Age:	Weight:
		Type:	Breed:	Age:	Weight:
AUTHORIZATION TO VERIFY INFORMATION: I AUTHORIZE Landlord or their agents to verify the above information including but not limited to obtaining a Credit Report.					
APPLICANT SIGNATURE:				DATE:	
APPLICANT SIGNATURE:				DATE:	

PROPERTY OWNERS MAKE FINAL DECISIONS ON ALL APPLICATIONS