RINCON DE LOS ESTEROS APARTMENTS
RENTAL APPLICATION PART I

Please complete the Rental Application I and return it in person to:
The Leasing Office at: 1780 Oakland Road, San Jose, CA 95131
Phone: (408) 437-1303 Fax: (408) 437-0713

You must call, mail, or fax the leasing office every three (3) months to update your interest in remaining on the waiting list and any change in address or phone number. **FAILURE TO CONTACT THE LEASING OFFICE AS DEFINED ABOVE WILL RESULT IN YOUR REMOVAL FROM THE WAITING LIST.**

Applicant: _____
Last Name First Name Middle Initial

_____
Street Address City State Zip Code

Phone: **Day or message** **( )** _____
Cell Phone **( )** _____
Evening **( )** _____

How many people will live in the apartment? Children: _____ Adults (18+): _____
Do you have a Section 8 Voucher? ☐ Yes ☐ No

Annual Income: List below all income for **all members of the household.** Name the source, (such as Employment, AFDC, Self-Employment, Alimony/Child Support, Social Security, Retirement, Pension, Insurance Policy, Disability, Unemployment Insurance, etc.) and show annual amount received. You may add additional pages if needed.

Income Source:	**Annual Income Amount:**
TOTAL INCOME:	

Assets: List below all assets for **all members of the household.** Describe the asset (home or property, savings, 401(k), stocks, bonds, or other forms of investments), and show the total estimated value. Do not include cars or furniture. You may add additional pages if needed.

Asset:	**Value:**
TOTAL ASSETS:	

I understand and consent that further inquiries will be made to verify income, household size, criminal background, credit history, rental history, and ability to obtain utility services. I understand that management's acceptance of this application and that my providing this information alone does not establish my eligibility for residency at Los Esteros Apartments.

Applicant Signature: _____ Date: _____