



RENTAL APPLICATION

COMPLETED APPLICATIONS WILL BE CONSIDERED IN THE ORDER RECEIVED

Return completed application to:
PO Box 273 – Point Reyes Station – CA – 94956
CLAM office is in the Creamery Building in Pt. Reyes Station at
11431 Highway 1, Suite #12. Email: info@clam-ptreyes.org

Applicant’s full name _____ Phone # _____ DOB _____

Email _____ Social Security # _____

Total number of adults _____ Total number of children living with you under the age of 18 _____

Names and relations of all other applicants _____

RENTAL HISTORY

Current Address _____ City _____ State _____ Zip _____

Current Landlords Name _____ Landlords Phone # _____

How long at this address _____ Reason for leaving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlords Name _____ Phone # _____

How long at this address _____ Reason for leaving _____

Rental subsidy

Are you currently or have you received Section 8 or other rental subsidy? Yes _____ No _____

If it has been terminated, please explain the circumstances.

Displacement

Are you in danger of immediate displacement through no fault of your own? Yes _____ No _____

If yes, please explain.

EMPLOYMENT HISTORY

Present Employer _____ Position _____ How long at job _____

Monthly household Income (estimate) _____

Other income/source (please explain) _____

Please estimate monthly income as accurately as possible. Underestimating your income could result in CLAM's inability to consider you for certain units, as we have units at differing affordability levels. Please note that income documentation will be requested at time of consideration for available unit.

PERSONAL INFORMATION

Do you have pets? Yes _____ No _____ Please specify _____

Do you smoke? Yes _____ No _____

Have you ever: Filed for bankruptcy? Yes _____ No _____
Been Evicted? Yes _____ No _____
Been convicted of a crime? Yes _____ No _____
Explain any "yes" listed above:

Auto Yr _____ Make _____ Model _____ State/License Plate # _____

Any other information you wish us to know:

Personal References

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Applicant: _____ **Date:** _____
Signature

Co-applicant: _____ **Date:** _____
Signature



In Marin County, your fair housing rights are protected by state and federal laws which say that no one may be denied the right to rent a home on the basis of their race or color, national origin, religion, sex, family status, or disability