



ALPACA INVESTMENTS, LLC



ACAP INVESTMENTS, LLC



Residential Application

A. Name: _____ **Phone:** _____ **Birth Date:** _____
Social Security #: _____ **Driver's License #:** _____
Email address: _____
Current Address: _____ **Current rent:** _____
Landlord's Name and Phone Number: _____
Reason for moving: _____
Previous Address: _____ **Previous rent:** _____
Landlord's Name and Phone Number: _____
Reason for moving: _____
Employer: _____ **Phone Number:** _____
HR/Supervisor: _____ **How Long Employed?** _____

B. Name: _____ **Phone:** _____ **Birth Date:** _____
Social Security #: _____ **Driver's License #:** _____
Email address: _____
Current Address: _____ **Current rent:** _____
Landlord's Name and Phone Number: _____
Reason for moving: _____
Previous Address: _____ **Previous rent:** _____
Landlord's Name and Phone Number: _____
Reason for moving: _____
Employer: _____ **Phone Number:** _____
HR/Supervisor: _____ **How Long Employed?** _____

Waitlist Applicants

Please circle your preference(s) below.

Location	Bedrooms available		
Castroville	1	2	3
Salinas		2	
Marina		2	

PERSONS TO OCCUPY UNIT:

(All adults must complete and sign application)

Adults _____ Children _____

Children's Ages: _____

(Maximum 2 people per bedroom)

AUTHORIZATION: Applicant represents that statements made above are true and correct and hereby authorizes verification of references, employment and statements made herein including, but not limited to, obtaining credit and criminal reports and agrees to furnish additional references on request. I/we request each person or firm to supply landlord all information concerning the subject matter of this application. Furthermore, I/we expressly release landlord from any liability incurred in connection with landlord's investigation of me/us concerning subject matter of this application.

A. _____ Date: _____

B. _____ Date: _____



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Have you ever applied for an apartment with these companies? Yes _____ No _____

Have you ever been evicted or served as an Unlawful Detainer? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Are you using illegal drugs or a controlled substance that is not prescribed to you? Yes _____ No _____

Have you ever been convicted of selling illegal drugs or a controlled substance? Yes _____ No _____

Have you ever been convicted of manufacturing illegal drugs or a controlled substance? Yes _____ No _____

Have you ever filed for bankruptcy? If so, what year? _____ Yes _____ No _____

CURRENT MONTHLY INCOME:

Source	Monthly Amount	Source	Monthly Amount
Source	Monthly Amount	Source	Monthly Amount
Phone			

PERSONAL REFERENCES (NOT FAMILY MEMBERS):

Name	How long have you known this person?	Phone
Name	How long have you known this person?	Phone

Number of Vehicles: _____ License #'s of ALL vehicles: _____

Make/Model of Vehicle(s): _____

PETS: List breed, weight and age (Separate pet fee and agreement will apply, if approved)

Do you own a waterbed, fish tank or any other liquid furniture? Yes _____ No _____

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

Name	Relationship	Phone
Name	Relationship	Phone

Were you referred by anyone? _____ If so, please name: _____

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We have the right to reject all incomplete applications or applications that contain untruthful answers.