



1572 Union Street
 San Francisco, CA 94123
 Ph: 415/474-0700 Fx: 415/928-4318

Rental Application
Receipt for Deposit in the Amount of: \$50.00
of Occupants _____

Address of Premises _____

Please complete and sign this application and submit it to us along with the following:

1. A check in the amount of \$50.00 made payable to Gordon/Clifford Realty, Inc.,
2. A copy of a current bank statement, and
3. A copy of your most recent paystub, or if self-employed your most recent tax return

The \$50.00 check is a deposit. If your application for housing is accepted then the deposit will be returned to you at lease signing. Or if we are unable to approve your application then the deposit will be returned to you. If, however, you withdraw your application at any time after we have begun to process it then your deposit is surrendered to Gordon/Clifford Realty, Inc. as liquidated damages for our time and expense.

Please wait at least 2 business days before you contact us about the status of your application.

Applicant Information			
Name:		Date of Birth	
SSN:	DL #:	Issuing State:	
Phone#:	Email:		
# of Children:	Ages:	Pets:	
Employment Information			
Current employer:		Employment dates?	
Employer address:			
City:	State:	ZIP Code:	
Position:		Earnings \$	per
Name of Supervisor:		Phone#	
Previous Employment Information (if less than 2 years):			
Employer:		Employment dates?	
Employer address:			
City:	State:	ZIP Code:	
Position:		Earnings \$	per
Name of Supervisor:		Phone#:	
Rental/Resident Information			
Current Address:			
City:	State:	ZIP Code:	
Years in Residence:		Rent Paid:	
Owner or Manager (circle one):		Phone#:	
Address of Manager:			
City:	State:	ZIP Code:	
Reason for Leaving:			

Previous Rental/Resident Information (if less than 2 years ago)		
Previous Address:		
City:	State:	ZIP Code:
Years in Residence:	Rent Paid:	
Owner or Manager (circle one):		Phone#:
Address of Manager:		
City:	State:	ZIP Code:
Reason for Leaving?		
Credit References (Major Credit Cards that will appear on your credit report):		
Name of Firm	Type of Account	Balance
Bank Account Information		
Bank Name	Account Type	Balance
Personal References (friends or relatives who do not live with you):		
Name	Relationship	Phone
Emergency Contact		
Name:	Relationship:	Phone#:
Address:		
City:	State:	ZIP Code:

I declare that the foregoing statements are true and complete. I authorize Gordon/Clifford Realty, Inc. to obtain all information related to my employment, income and my creditworthiness. The custodians of these records are instructed to accept this as my written authorization to release any such information. You may accept a photocopy of this authorization in place of the original.

The applicant understands and agrees: (i) this is an application to rent only and does not guarantee that applicant will be offered the Premises; and (ii) Gordon/Clifford Realty Inc. may accept more than one application for the Premises and , using their sole discretions, will select the best qualified applicant.

_____ **Date:** _____
Applicant

OFFICE USE ONLY:

\$	CC	ST	PS/TR
RN1	RN2	EC1	D