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RENTAL APPLICATION

As required by law, you are hereby notified that a positive or negative credit report reflecting information on your credit record may be submitted to a credit reporting agency or to a recognized law enforcement agent if you fail to fulfill the terms of your credit obligations. Providing false or incomplete information may be a basis to deny your application for housing and can void your lease should you be accepted as a resident, resulting in an immediate eviction

Do you have a Section 8 voucher? Yes ___ No ___, If yes, number of bedrooms: ___; maximum dollar amount: ___

Individual application required from each occupant 18 years of age or older. ☐ Tenant ☐ Guarantor

In order to process your application to live in one of our rental communities or single family homes, you must provide us with all the information requested below. **PLEASE PRINT CLEARLY. All sections must be completed.**

Address of house, condo or apartment applying for: _____ Date Submitted: _____

PROPOSED OCCUPANTS:

Desired move-in date: _____

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ SUFFIX _____
(e.g., Jr, Sr, II, etc.)

Other Names used in the last 10 years: _____ Date of Birth: _____ Social Security # _____

Government Issued Photo ID (# & Type) _____ **Email address:** _____

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

FULL NAME (OF ALL OTHER PROPOSED OCCUPANTS) and RELATIONSHIP (If under 18, must show date of birth)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

I ☐ am ☐ am not a member of the Armed Forces of the United States (including the National Guard and Reserves)

RENTAL HISTORY: (A MINIMUM FIVE YEARS HISTORY OF WHERE YOU LIVED IS REQUIRED).

FAMILY MEMBERS CANNOT BE USED FOR RENTAL REFERENCES BUT MUST BE LISTED.

CURRENT ADDRESS: _____
NUMBER STREET APT.# CITY STATE ZIP

FROM ___ TO ___ AMT RENT/MORTGAGE PAID? _____ REASON FOR LEAVING: _____

OWNER/AGENT OR BUILDING NAME _____ PHONE # _____

PREVIOUS ADDRESS: _____
NUMBER STREET APT.# CITY STATE ZIP

FROM ___ TO ___ AMT RENT/MORTGAGE PAID? _____ REASON FOR LEAVING: _____

OWNER/AGENT OR BUILDING NAME _____ PHONE # _____

NEXT PREVIOUS ADDRESS: _____
NUMBER STREET APT.# CITY STATE ZIP

FROM ___ TO ___ AMT RENT/MORTGAGE PAID? _____ REASON FOR LEAVING: _____

OWNER/AGENT OR BUILDING NAME _____ PHONE # _____

NEXT PREVIOUS ADDRESS: _____
NUMBER STREET APT.# CITY STATE ZIP

FROM ___ TO ___ AMT RENT/MORTGAGE PAID? _____ REASON FOR LEAVING: _____

OWNER/AGENT OR BUILDING NAME _____ PHONE # _____

EMPLOYMENT/SOURCE OF INCOME:

CURRENT EMPLOYER _____ ADDRESS _____

GROSS MONTHLY SALARY \$ _____ POSITION _____ HOW LONG? ____ YRS ____ MOS

SUPERVISOR _____ BUSINESS PHONE () _____

CURRENT OTHER INCOME (Source) _____ AMOUNT \$ _____ FREQUENCY: _____

PREVIOUS EMPLOYER _____ ADDRESS _____

GROSS MONTHLY SALARY \$ _____ POSITION _____ HOW LONG ____ YRS ____ MOS

SUPERVISOR _____ BUSINESS PHONE () _____

BANKING INFORMATION:CHECKING ACCOUNT _____
BANK NAME _____ BRANCH _____ CITY _____ PHONE _____ ACCOUNT NO. _____SAVINGS ACCOUNT _____
BANK NAME _____ BRANCH _____ CITY _____ PHONE _____ ACCOUNT NO. _____**REFERENCES: Must include full address of reference and relationship:**

NAME _____ STREET ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ RELATIONSHIP _____

NAME _____ STREET ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ RELATIONSHIP _____

EMERGENCY _____
NAME _____ STREET ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ RELATIONSHIP _____EMERGENCY _____
NAME _____ STREET ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ RELATIONSHIP _____**MISCELLANEOUS INFORMATION:**

Pets _____ Water filled furniture (includes aquariums) _____
 Description (Type & Breed) (Requires separate permission) _____ Description (Requires separate permission) _____
 Companion/service animals must be submitted with a Doctor's note or proper Certification and listed on application

AUTOMOBILES/MOTORCYCLES TO BE PARKED ON PREMISES:

MAKE MODEL COLOR YR LICENSE # MAKE MODEL COLOR YR LICENSE #

Have you ever filed for bankruptcy? _____ If yes, when: _____

Have you ever been evicted or asked to move? _____ If yes, please explain why and when: _____

Have you ever been convicted of a felony or
for selling, distributing or manufacturing illegal drugs?(if yes, please explain) _____

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history, and agrees to furnish additional credit references upon request. Applicant consents to allow Fox Property Management or its agent(s) to disclose tenancy information to previous or subsequent owners/managers. Fox Property Management requires a payment of \$35.00*, which is to be used to screen applicant with respect to credit history and other background information. Upon approval of this application, applicant shall pay required deposit within 24 hours of approval in order to take the property off the market. Upon execution of the Rental Agreement, the applicant shall pay all initial sums due, including first month's rent and required deposits, in certified funds (e.g., money order or cashiers check), before occupancy.

*If your application is not processed, application fees may be refundable; however, unclaimed application fees will be retained by Fox Property Management after 90 days.

SIGNATURE _____ DATE _____

Application must be signed to be processed

FPM Form 01 (Revised 02/2021)