



# Unity Management

## *Residential Property Management*

270 East Douglas Avenue  
El Cajon, CA 92020  
Office: (619) 738-4511  
[UnityManagement@Outlook.com](mailto:UnityManagement@Outlook.com)

Thank you for choosing Unity Management

The following information is required to process your rental application.

1. **Rental Application** – Completely and accurately fill out the attached application  
(*One application per person 18 years of age and older*)
2. **Application Processing Fee of \$50** (*Cash Only*) per application
3. Clearly legible copy of applicant's current **Driver's License or State ID.**
4. Clearly legible copy of applicant's **Social Security Card**
5. Clearly legible copies of applicant's **last two Pay Stubs or Other Proof of Income.**

**Self-Employed** individuals **MUST INCLUDE** the following:

- Last three (3) Business Bank Statements
- Last three (3) Personal Bank Statements
- Latest Tax Return
- Profit & Loss Statement AKA Income Statement

Please bring the above items with you when previewing the property or call 619-738-4511 to schedule an appointment at the office

**NOTE:** Application(s) missing required documentation or information will be delayed.

Thank you.

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Serving San Diego

# APPLICATION TO RENT/SCREENING FEE

## I. APPLICATION TO RENT

THIS SECTION TO BE COMPLETED BY APPLICANT. A SEPARATE APPLICATION TO RENT IS REQUIRED FOR EACH OCCUPANT 18 YEARS OF AGE OR OVER, OR AN EMANICIPATED MINOR.

Applicant is completing Application as a (check one)  tenant,  tenant with co-tenant(s)

Total number of applicants \_\_\_\_\_

### PREMISES INFORMATION

Application to rent property at _____ ("Premises")
Rent: \$ _____ per _____ Proposed move-in date _____

### PERSONAL INFORMATION

<b>FULL NAME OF APPLICANT</b> _____
Social security No. _____ Driver's license No. _____ State _____ Expires _____
Phone number: Home _____ Work _____ Other _____
Email _____
Name(s) of all other proposed occupant(s) and relationship to applicant _____
Pet(s) or service animals (number and type) _____
Auto: Make _____ Model _____ Year _____ License No. _____ State _____ Color _____
Other vehicle(s): _____
In case of emergency, person to notify _____ Relationship _____
Address _____ Phone _____
Does applicant or any proposed occupant plan to use liquid-filled furniture? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____
Has applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, explain _____
Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, explain _____
Has applicant or any proposed occupant ever been asked to move out of a residence? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, explain _____

### RESIDENCE HISTORY

Current address _____	Previous address _____
City/State/Zip _____	City/State/Zip _____
From _____ to _____	From _____ to _____
Name of Landlord/Manager _____	Name of Landlord/Manager _____
Landlord/Manager's phone _____	Landlord/Manager's phone _____
Do you own this property? <input type="checkbox"/> No <input type="checkbox"/> Yes	Did you own this property? <input type="checkbox"/> No <input type="checkbox"/> Yes
Reason for leaving current address _____	Reason for leaving this address _____
_____	_____
_____	_____

### EMPLOYMENT AND INCOME HISTORY

Current employer _____	Supervisor _____	From _____	To _____
Employer's address _____	Supervisor's phone _____		
Position or title _____	Phone number to verify employment _____		
Employment gross income \$ _____ per _____	Other \$ _____ per _____	Source _____	
Previous employer _____	Supervisor _____	From _____	To _____
Employer's address _____	Supervisor's phone _____		
Position or title _____	Employment gross income \$ _____ per _____		

Applicant's Initials \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT INFORMATION**

Name of creditor	Account number	Monthly payment	Balance due

Name of bank/branch	Account number	Type of account	Account balance

**PERSONAL REFERENCES**

Name _____	Address _____
Phone _____	Length of acquaintance _____ Occupation _____
Name _____	Address _____
Phone _____	Length of acquaintance _____ Occupation _____

**NEAREST RELATIVE(S)**

Name _____	Address _____
Phone _____	Relationship _____
Name _____	Address _____
Phone _____	Relationship _____

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) Landlord or Manager or Agent may accept more than one application for the Premises and, using their sole discretion, will select the best qualified applicant.

Applicant represents the above information to be true and complete, and hereby authorizes Landlord or Manager or Agent to: (i) verify the information provided; and (ii) obtain credit report on applicant.

**If application is not fully completed, or received without the screening fee: (i) the application will not be processed, and (ii) the application and any screening fee will be returned.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. SCREENING FEE**

**THIS SECTION TO BE COMPLETED BY LANDLORD, MANAGER OR AGENT.**

Applicant has paid a **nonrefundable** screening fee of \$ \_\_\_\_\_, applied as follows: A CPI inflation calculator is available on the Bureau of Labor Statistics website, www.bls.gov. The California Department of Consumer Affairs calculates the applicable screening fee amount to be \$62.02 as of 2023.

\$ \_\_\_\_\_ for credit reports prepared by \_\_\_\_\_ ;

\$ \_\_\_\_\_ for \_\_\_\_\_ (other out-of-pocket expenses); and

\$ \_\_\_\_\_ for processing.

The undersigned has read the foregoing and acknowledges receipt of a copy.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned has received the screening fee indicated above.

Landlord or Manager or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_





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**VERIFICATION OF TENANCY**

Tenant Name: \_\_\_\_\_

Tenant **Current Address** of Residence: \_\_\_\_\_ Landlord number: (\_\_\_\_\_) \_\_\_\_\_

Tenant **Previous Address** of Residence: \_\_\_\_\_ Landlord number: (\_\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_

**Applicant Signature**

I hereby authorize Unity Management to process my rental application(s) and verify the following information.

**\*\*\* THIS AREA TO BE COMPLETED BY LANDLORD \*\*\***

**Move-In Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Move-Out Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Monthly Rental Amount:** \$ \_\_\_\_\_

**Number of delinquencies during residency?** \_\_\_\_\_      **Number of NSF fees charged?** \_\_\_\_\_

**Did tenant give 30-day notice?** \_\_\_\_\_      **Would you rent to tenant(s) again if qualified?** \_\_\_\_\_

**Reason for vacating?** \_\_\_\_\_

**Has tenant received any complaints/violations?** \_\_\_\_\_

**If yes, explain** \_\_\_\_\_

**Name:** \_\_\_\_\_      **Number:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

Thank you for your prompt attention in completing and emailing this request back.