

Property applying for:



**TIERNEY & COMPANY**

505 W. Olive Avenue - Suite 300, Sunnyvale, CA 94086  
(408) 730-0960 / Fax (408) 730-0986  
<http://www.tierneyproperty.com>  
Hours 9am - 5pm (Closed on Holidays)

**\$20.00 Fee**  
Per Application  
(Cash/Money Order Only)

**Please note: PLEASE PRINT ALL INFORMATION LEGIBLY AND CLEARLY. FILL OUT ALL SECTIONS. INDIVIDUAL APPLICATIONS REQUIRED PER ADULT.**

**SORRY, WE DO NOT TAKE CO-SIGNERS**

**ALL MOVE IN COSTS (Deposit & Rent) MUST BE PAID IN:  
CASHIER'S CHECK OR MONEY ORDER(S)**

• **APPLICANT INFO:**

FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST \_\_\_\_\_ D.L. # \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GENDER (Circle One): M / F DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PH # (\_\_\_\_) \_\_\_\_\_ WORK PH # (\_\_\_\_) \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

• **TENANCY INFO:**

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

LENGTH OF RESIDENCE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_

LENGTH OF RESIDENCE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

1. HAVE YOU EVER BEEN EVICTED? (Circle One) YES or NO IF YES, EXPLAIN ? \_\_\_\_\_

2. WILL YOU HAVE LIQUID FILLED FURNITURE? (Circle One) YES or NO

IF YES WHAT KIND? \_\_\_\_\_

• **LIST ALL PROPOSED OCCUPANTS (ADULTS AND CHILDREN - INCLUDING YOURSELF):**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_

• **EMPLOYMENT HISTORY**

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE STARTED \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE# \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE STARTED \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE# \_\_\_\_\_

• **FINANCIAL BACKGROUND**

INCOME: \_\_\_\_\_ PER (Circle One) WEEK MONTH YEAR

ADD. INCOME: \_\_\_\_\_ PER (Circle One) WEEK MONTH YEAR

1. HAVE YOU EVER FILED FOR BANKRUPTCY? (Circle One) YES or NO

IF YES, HOW MUCH? \_\_\_\_\_ WHY DID YOU FILE? \_\_\_\_\_

• **PERSONAL BACKGROUND / INFORMATION**

1. IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_

2. PERSONAL REFERENCES (LIST TWO):

NAME \_\_\_\_\_ PHONE#(\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ PHONE#(\_\_\_\_\_) \_\_\_\_\_

3. AUTOMOBILES:

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ LIC. PLATE \_\_\_\_\_ COLOR \_\_\_\_\_

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ LIC. PLATE \_\_\_\_\_ COLOR \_\_\_\_\_

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ LIC. PLATE \_\_\_\_\_ COLOR \_\_\_\_\_

I ASSERT THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND TRUE. BY SIGNING BELOW, I ALLOW THE RELEASE OF INFORMATION FROM CURRENT AND PREVIOUS LANDLORDS, EMPLOYERS AND CREDIT AGENCIES.

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