

APPLICATION
(This becomes part of your Occupancy Agreement)

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

TYPE OF ROOM REQUESTED: _____

CHECK IN DATE: _____ CHECK OUT DATE: _____

HOW WERE YOU REFERRED TO US (SCHOOL, AGENCY): _____

IN CASE OF EMERGENCY WHOM SHOULD WE NOTIFY?

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

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CREDIT REFERENCES:

DATE OF BIRTH: _____

BANK REFERENCES:

BANK: _____ ACCT NO.: _____ BRANCH: _____

BANK: _____ ACCT NO.: _____ BRANCH: _____

CREDIT CARD REFERENCE:

1. COMPANY: _____ ACCOUNT NO.: _____

2. COMPANY: _____ ACCOUNT NO.: _____

OTHER CREDIT REFERENCES: _____

RENTAL HISTORY (IF YES, GIVE DETAILS):

HAVE YOU EVER BEEN EVICTED? _____

HAVE YOU EVER BEEN SUED BY YOUR LANDLORD? _____

CURRENT LANDLORD'S CONTACT INFORMATION:

NAME: _____ ADDRESS: _____ PHONE _____

PREVIOUS LANDLORD'S CONTACT INFORMATION:

NAME: _____ ADDRESS: _____ PHONE _____

HAVE YOU EVER STAYED AT A RESIDENTIAL HOTEL OR
RESIDENCE CLUB? (IF YES, PROVIDE DETAILS): _____

HOW DID YOU HEAR OF US? _____

DO YOU HAVE A SOCIAL WORKER? YES ___ NO ___
IF YES: NAME _____ AGENCY _____
PHONE _____

DO YOU HAVE A PAYEE? YES ___ NO ___
IF YES: NAME _____ ADDRESS _____
PHONE _____

CURRENT EMPLOYMENT OR SOURCE OF INCOME:
EMPLOYER: _____ ADDRESS: _____ PHONE: _____
SUPERVISOR: _____ MONTHLY INCOME: _____
LENGTH OF WORK: _____ TYPE OF WORK: _____

PREVIOUS EMPLOYMENT OR SOURCE OF INCOME:
EMPLOYER: _____ ADDRESS: _____ PHONE: _____
SUPERVISOR: _____ MONTHLY INCOME: _____
LENGTH OF WORK: _____ TYPE OF WORK: _____

PERSONAL REFERENCES (TWO NON-RELATIVES):
1. NAME: _____ ADDRESS: _____ PHONE: _____
2. NAME: _____ ADDRESS: _____ PHONE: _____

The undersigned represents that all of the above information is true and complete and hereby authorizes verification of such information from my credit sources, credit bureaus, current and previous landlords and employers and personal references. False information given above shall be grounds for Proprietor's rejection of this application, non-return of deposit, if any, and termination of the right of occupancy.

Date

APPLICANT SIGNATURE

FAIR HOUSING POLICY OF THE COMPANY

This business does not discriminate in its treatment of rental applicants or tenants on the basis of race, color, marital status, familial status, ancestry, national origin, source of income, mental/physical disability, sex, sexual orientation, medical condition, age or any other consideration made unlawful by federal, state or local laws. The business will provide reasonable accommodation, upon request, in accordance with its reasonable accommodation policy.

Submitting the above Application with all requested information is required for initiating a residency or tenancy. The only criteria that this business employs to evaluate rental applicants is the following: (1) financial ability to pay rent; (2) good credit record; (3) good rental history; and (4) availability of accommodations desired by applicant. The business will provide you with a response to your application within 48 hours.

If you believe that any discrimination or harassment has occurred, please immediately report the facts of the incident(s) and the name(s) of the party(ies) involved to any supervisor or manager of The Company or the Company's General Counsel, R. Michael Lieberman, 1398 Post St., San Francisco, CA 94109, (415) 929-3197.

FOR OFFICE USE ONLY

REFERENCES CHECKED: YES _____ NO _____

DATE CHECKED: _____

C/IN DATE _____ ROOM _____ RATE _____ MGR. _____

TRANSFER DATE _____ ROOM _____ RATE _____ MGR. _____

TRANSFER DATE _____ ROOM _____ RATE _____ MGR. _____

C/OUT DATE _____ ROOM _____ RATE _____ MGR. _____

ELIGIBLE TO RETURN? YES _____ NO _____