

## RESIDENTIAL RENTAL APPLICATION

### INSTRUCTIONS

Applicants 18 years of age or older are required to submit the following:

- A completed Rental Application, signed and dated
- Copies of pay stubs for the previous two (2) months
- Credit Report with **FICO Score** that is not more than 30 days old
- Photocopy of valid driver's license or photo identification card
- Photocopy of social security card or other government issued document
- An executed "Request for Copy of Personal Income Tax or Fudiciary Return"
- **IF SELF-EMPLOYED:** Copies of the previous three (3) years tax returns

Pet Owners are required to submit the following documents as well:

- A completed Pet Application listing all pets
- A color photo of each pet
- Proof of Pet Insurance
- Proof of valid Pet License

Completed Rental Application Packages & Pet Application Packages may be mailed or delivered in person to the following address:

Department of Transportation  
Division of R/W – Property Services  
100 S. Main Street, MS #6, 3<sup>rd</sup> Floor  
Los Angeles, CA 90012  
ATTN: Onyx Taylor-Smith

**Any questions regarding the application process can be directed to Onyx Taylor-Smith at (213) 897-1198.**

**NOTE: The applicant's monthly gross income should equal or exceed three (3) times the amount of the rent. Incomplete application packages will be rejected.**

**RESIDENTIAL RENTAL APPLICATION**

RW 11-5 (REV 9/2005)

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

**THE LAW PROHIBITS DISCRIMINATION IN HOUSING - DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, MARITAL STATUS, NATIONAL ORIGIN OR ANCESTRY IN THE SALE, RENTAL, OR LEASING OF HOUSING, ACCOMMODATIONS IS PROHIBITED BY THE CALIFORNIA FAIR HOUSING ACT, HEALTH AND SAFETY CODE, SECTION 35700 AND TITLE VI OF THE 1964 CIVIL RIGHTS ACT (42 U.S.C. 2000d, et seq.).** If you believe that you have experienced discrimination in the rental of State housing, please contact the Department of Fair Employment and Housing.

**COMPLETE ALL ITEMS - PLEASE PRINT**

Proposed Occupants	Birthdate	Proposed Occupants	Birthdate
(1)		(3)	
(2)		(4)	

**PROPOSED OCCUPANT (1)**

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Address-Number and Street, City, Zip	Landlord Name	Phone	From	To
Present:				
Previous:				
Next Previous:				

	PRESENT EMPLOYMENT	PRIOR EMPLOYMENT
Employer:		
Business Address:		
Business Phone:		
Name/Title of Supervisor:		
How Long?		

Current Salary: Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Or Annual \$ \_\_\_\_\_

NAME OF _____	ADDRESS _____	Chk. Acct. No.: _____
		Savgs Acct. No.: _____
NAME OF _____	ADDRESS _____	Chk. Acct. No.: _____
		Savgs Acct. No.: _____

**FINANCIAL OBLIGATIONS**

Payments To:	Address:	Amount:

Vehicle:	Make:	Model:	Year:	License No.:	State:

Will you have any waterbeds? \_\_\_\_\_

Why are you vacating your present place of residence? \_\_\_\_\_

# RESIDENTIAL RENTAL APPLICATION (Cont'd)

RW 11-5 (REV 9/2005)

## PROPOSED OCCUPANT (1) - Continued

Father's Name:		Mother's Name:		
In Case of Emergency, Notify	Address: Number / Street / City / State / Zip Code	Phone	Relationship	
(1)				
Personal Reference:	Address: Number / Street / City / State / Zip Code	Phone	Occupation	Length of Acquaintance
(1)				
(2)				

## PROPOSED OCCUPANT (2)

Name:	Social Security:
Home Phone:	Driver's License No.:

Address-Number and Street, City, Zip	Landlord Name	Phone	From	To
Present:				
Previous:				
Next Previous:				

	PRESENT EMPLOYMENT	PRIOR EMPLOYMENT
Employer:		
Business Address:		
Business Phone:		
Name/Title of Supervisor:		
How Long?		

Current Salary: Weekly \$	Monthly \$	Or Annual \$
NAME OF	ADDRESS	Chk. Acct. No.: _____ Savgs Acct. No.: _____
NAME OF	ADDRESS	Chk. Acct. No.: _____ Savgs Acct. No.: _____

## FINANCIAL OBLIGATIONS

Payments To:	Address:	Amount:			
Vehicle:	Make:	Model:	Year:	License No.:	State:

Will you have any waterbeds? \_\_\_\_\_

Why are you vacating your present place of residence? \_\_\_\_\_

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(1)				
Personal Reference:	Address: Number / Street / City / State / Zip Code	Phone	Occupation	Length of Acquaintance
(1)				
(2)				

Applicant represents that statements above are true and correct and hereby authorizes verification of references including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant acknowledges receipt of notification of the relevant provisions of the Federal Privacy Act of 1974.

The undersigned makes application to rent State of California, Department of Transportation property and, upon approval of this application, agrees to sign a rental or lease agreement and to pay all sums due before occupancy.

RENTAL RATES YOU ARE INTERESTED IN \$ \_\_\_\_\_ to \$ \_\_\_\_\_

NUMBER OF BEDROOMS REQUIRED: \_\_\_\_\_

AREA IN WHICH YOU WISH TO BE LOCATED: COUNTY \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS(ES) OF STATE-OWNED PROPERTY(IES) YOU ARE INTERESTED IN:

**TYPE OF PROPERTY:**

- |  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Industrial   | <input type="checkbox"/> Commercial   |
| <input type="checkbox"/> Apartment               | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Other: _____ |

Signature

Date

Signature

Date

**INFORMATION COLLECTION AND ACCESS**

The Information Practices Act of 1977 (Civil Code Section 1798 et seq.) requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Name, Title, Address, and Telephone Number of Official Responsible for Information Maintenance

Authority for the maintenance of information:

- Streets and Highways Code Section 104.6
- Caltrans Right of Way Manual, Section \_\_\_\_\_
- State Administrative Manual, Sections 8072.3, 8790.7 and 10510 and Government Code Section 12419.5

The disclosure of all items of information requested is mandatory in that this Rental Application will not be processed if any portion of the requested information is not provided.

The information provided in this form will be used by the Department of Transportation to determine the suitability of the applicant to rent.

All applicants have the right of review files containing personal information that are kept on them by the Department of Transportation. Upon request and proper identification, applicants may inspect all personal information contained in any record maintained on them during the regular business hours of the Department.

## NOTICE TO APPLICANTS DESIRING TO RENT DEPARTMENT OF TRANSPORTATION PROPERTIES

ONLY STATE EMPLOYEES ARE AUTHORIZED TO REPRESENT THE DEPARTMENT OF TRANSPORTATION. COMMISSIONS OR FEES ARE NOT CHARGED. REAL ESTATE BROKERS, SALESMEN, OR NON-STATE EMPLOYEES ARE NOT AUTHORIZED TO REPRESENT THE DEPARTMENT OF TRANSPORTATION IN THE RENTAL OF STATE-OWNED PROPERTIES.

Your attention is directed to the following conditions with which each tenant will be expected to comply:

1. All rents pertaining to State-owned properties are due and payable on the first day of the month and, in any event, must be received by the Department of Transportation Accounting Office no later than the tenth day of each month. Failure to comply with this requirement will make it mandatory that the tenant be requested to vacate.
2. Any property rented after the first day of the month will necessitate an advance rental payment prorated on a 30-day month. A deposit equivalent to one month's rent may be required.  
NOTE: A deposit is a sum of money that is to be held by the Department of Transportation during the occupancy of the tenant and should not at any time be construed as advance rent. Said deposit is recoverable when tenant vacates the property provided that:
  - a) Tenant notifies the State of their intention to vacate the property. Said notice shall be in writing and contain tenant's forwarding address.
  - b) The property is left in a good and livable condition, wear and tear due to normal use and occupancy excepted.
  - c) There is no unpaid rent due the State for the use of the property.
3. The State will refund any monies owed to tenant according to California Civil Code Section 1950.05. The initial payment at the time of renting the property shall include the deposit, if required, and any pro-rated rents due for the balance of the rental period.
4. If the property being rented is a single family residence, the tenant will be required to maintain the yard area, particularly the lawn, in a manner consistent with neighborhood standards or tenant will be asked to vacate said property.

### Section 7(a)(1) and (b) of the Federal Privacy Act of 1974 (Pub.L. 93.5.79) provides:

"It shall be unlawful for any Federal, State or Local Government Agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his/her social security account number."

"Any Federal, State, or Local Government Agency which requests an individual to disclose his/her social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it."

The Department of Transportation's authority for requesting disclosure is Streets and Highways Code Section 104.6, which reads:

"The Department is authorized to lease any lands which are held for State Highway purposes and are not presently needed therefore on such terms and conditions as the Director may fix and to maintain and care for such property in order to secure rent therefrom."

The Social Security Number will be used to (1) trace delinquent tenants who have vacated without leaving a forwarding address, and (2) enable the State Controller to collect delinquent rent by the offset procedure required by State Administrative Manual Sections 8072.3, 8790.7 and 10510, as authorized by Government Code Section 12419.5.

The following guidelines for selecting a tenant will include but not be limited to the following:

- The intent and ability of applicant to pay rent.
- The willingness of applicant to maintain the property and improvements.
- The applicant's gross income should equal or exceed four times the rental rate.
- The obtaining of a successful credit report on applicant(s).
- The ability to verify the information contained in this rental application.

**NOTICE:** This property may be demolished by the Department for highway purposes. The Department will provide you with a sixty-day (60-day) notice prior to demolition.

**PET APPLICATION**

(Form #)

Attach a photo of each pet. The application will automatically be denied if there are no photos of each pet attached.

Name of Pet Owner \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address of where pet will reside: \_\_\_\_\_  
\_\_\_\_\_

**PET INFORMATION:**

Please list all pets separately.

Pet's Name	Type/Breed	Age	License or ID Number	Sex	Neutered/ Spayed

**PET REFERENCE:**

\_\_\_\_\_  
Veterinarian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**YOUR PREVIOUS RESIDENCE:**

\_\_\_\_\_  
Name of Landlord  or Resident Manager  (Check one)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**RENTER'S OR HOMEOWNER'S INSURANCE:**

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

I have read and understand the policies related to keeping pets in this rental property, and I and members of my household promise to fully comply.

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By  
(Type Title)

\_\_\_\_\_  
Date



Please see other side of this form to request Corporation (100, 100S, 100W, 100WE, or 199), Partnership (565), or Limited Liability Company (568) Returns.

Requester's Name	Taxpayer's Name (as shown on return)	
Requester's Mailing Address	Taxpayer's Address (as shown on return)	
	Taxpayer's Telephone Number	
Requester's Telephone Number	Social Security Number or FEIN	
Tax Years Requested	Spouse/Registered Domestic Partner (RDP) Social Security Number (if joint return filed)	
Signature of Taxpayer or Authorized Representative	Type or Print Name	Date
Signature of Spouse/RDP (if joint return filed)	Type or Print Name	Date

If a paid preparer completed your tax returns, get a copy from the preparer to save you both time and money. Attach a copy of the taxpayer's signed photo ID with this request for signature identification purposes (e.g., a California driver's license or a California identification card).

Copies of your personal income tax returns are only available for the last three and a half years from the date the returns were filed. There is a \$20.00 charge for each tax year requested.

You must sign this request. Without proper authorization, we cannot provide you with the requested copies. If you are not the taxpayer, you must provide appropriate authorization to receive copies of tax returns or claims. Appropriate authorization includes one of the following:

- A letter signed by the taxpayer authorizing the Franchise Tax Board (FTB) to release the requested material to you and a photocopy of the taxpayer's ID.
- A current Power of Attorney (FTB 3520).
- An Internal Revenue Service Power of Attorney stating that it applies to FTB.
- A copy of FTB 3516 signed by the taxpayer and a photocopy of the taxpayer's ID.
- A certified copy of the letters of administration or testamentary dated within the past 12 months, if the taxpayer is deceased. If the letters are more than 12 months old, a clerk of the court must recertify them stating they are still in effect.

If a bankruptcy is involved and you are not the taxpayer, you must also provide one of the following:

- A court document appointing you as trustee.
- A letter signed by the trustee authorizing you to receive this material and a copy of the court documents appointing the trustee.

Send a check or money order payable to the Franchise Tax Board for \$20.00 to the address above for each tax year you request. If the tax return was for a tax year in which you were a victim of a designated California state or federal disaster, there is no charge for a copy of your personal income tax return. For additional information, call 916.845.5375 (not toll free).