STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

NON-RESIDENTIAL RENTAL APPLICATION

RW 11-6 (Rev. 2/96)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 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 1798.17 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 Forms Officer.

COMPLETE ALL ITEMS—PLEASE PRINT.
(Co-Applicants complete separate forms.)

BUSINESS

BUSINESS NAME	❑ Sole Proprietorship ❑ Partnership ❑ Corporation	YEARS IN BUSINESS	FEDERAL ID NUMBER / APPLICATION DATE	MORTGAGE PAYMENT *(per month)*	RENT PAYMENT *(per month)*

CURRENT BUSINESS ADDRESS *(Street, City, State, ZIP Code)*	YEARS	MONTHS

CURRENT LANDLORD NAME	BUSINESS TELEPHONE	FORMER LANDLORD NAME	BUSINESS TELEPHONE

FORMER BUSINESS ADDRESS *(Street, City, State, ZIP Code)*	YEARS	MONTHS

APPLICANT

NAME *(First)* *(Middle Initial)* *(Last)*			❑ Unmarried ❑ Married ❑ Separated	DEPENDENTS ❑ Self ❑ Spouse ❑ Children ____ ❑ Others ____
DATE OF BIRTH	SOCIAL SECURITY NUMBER ___ - __ - ____	HOME PHONE		
DRIVER'S LICENSE NUMBER	VEHICLE *(Year, Make, Model)*	NAME/HOME ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		

OCCUPATION

CURRENT EMPLOYER			BUSINESS TELEPHONE
BUSINESS ADDRESS *(Street, City, State, ZIP Code)*			
CURRENT POSITION	MONTHLY GROSS PAY	YEARS	MONTHS
FORMER EMPLOYER	FORMER POSITION	YEARS	MONTHS

OTHER INCOME

You need not list income from alimony, child support, or separate maintenance unless you wish it considered for purposes of approving this application.

Types of Other Income	Monthly Amount

DEPOSIT ACCOUNTS

Include checking, savings, credit unions, and savings and loan associations.

Company Name/Location	Account Number	Average Balance
	Checking: _____	$ _____
	Savings: _____	$ _____
	Other: _____	$ _____
	Checking: _____	$ _____
	Savings: _____	$ _____
	Other: _____	$ _____

CREDIT REFERENCES

Please check box A if account is joint credit (Applicant and Co-Applicant). Check box B if the credit is in Applicant's name only, or box C if the credit is in your Co-Applicant's name only. Be sure to list all open accounts with or without a balance. Attach separate sheet if necessary.

	A	B	C	Loan Type	Creditor's Name	City	Account Number	Monthly Payments	Balance
1									

Business Assets

Please attach financial statements for the past two (2) years. (If self-employed or retired, attach financial statements and/or income tax returns.)

I certify that I have never filed for bankruptcy and have no accounts past due.

APPLICANT'S SIGNATURE			DATE	
In Case of Emergency, Notify:	**Home Address**	**Home Phone**	**City**	**Relationship**
1.				
2.				
Local Personal References	**Home Address**	**Home Phone**	**Occupation**	**Length of Acquaintance**
1.				
2.				

Sections 7(a)(1) and (b) of the Federal Privacy Act of 1974 (Public Law 93.5.79) provide:

> *"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.

Applicant represents that statements made 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 on request. Applicant acknowledges receipt of notification of the provisions of the Federal Privacy Act of 1974 and consent thereof.
I CERTIFY THAT I HAVE READ THE NOTICE TO APPLICANTS DESIRING TO RENT DEPARTMENT OF TRANSPORTATION PROPERTIES AND AGREE TO THE CONDITIONS SET FORTH.

The undersigned makes application to rent nonresidential property designated at address below for the rental fee and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due before occupancy.

RENTAL PROPERTY ADDRESS	RENTAL FEE
APPLICANT'S SIGNATURE	DATE