

**Makras Real Estate**  
1193 Church Street  
San Francisco, CA 94114  
Phone: (415) 282-8400  
Fax: (415) 282-8594

**TENANT  
APPLICATION**

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**PROPERTY ADDRESS:** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Other Names Used within last years: \_\_\_\_\_

Name and Age of other Occupants: \_\_\_\_\_

\_\_\_\_\_

Pets: Dog [ ] Cat [ ] Other [ ]

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ How long? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and Address of Owner: \_\_\_\_\_

\_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ How long? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and Address of Owner: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT:**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State & Expiration Date: \_\_\_\_\_

Present Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed As: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per month

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**AUTHORIZATION TO VERIFY INFORMATION**

I authorize landlord or his authorized agents to verify the above information, including but not limited to obtaining a credit report.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Applicant: \_\_\_\_\_