

APPLICATION TO RENT

Complete a separate application for each adult tenant, and then fax both pages to 310-260-6464.

APPLICANT

Email Address: _____

Name: _____ Social Security #: _____
LAST FIRST MIDDLE

Driver's Lic/ID #: _____ State: _____ Birthdate: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

CURRENT ADDRESS

Address: _____
STREET UNIT # CITY STATE ZIP

From: _____ To: _____ Monthly Rent: \$ _____
MONTH - YEAR MONTH - YEAR

Owner/Manager: _____ Phone: _____ Reason for Leaving: _____

PREVIOUS ADDRESS

Address: _____
STREET UNIT # CITY STATE ZIP

From: _____ To: _____ Monthly Rent: \$ _____
MONTH - YEAR MONTH - YEAR

Owner/Manager: _____ Phone: _____ Reason for Leaving: _____

CURRENT EMPLOYMENT

Company Name: _____ Type of Business: _____

Address: _____

Phone: _____ Name of Supervisor: _____

From: _____ To: _____ Monthly Salary: \$ _____ Occupation/Position: _____
MONTH - YEAR MONTH - YEAR

PREVIOUS EMPLOYMENT

Company Name: _____ Type of Business: _____

Address: _____

Phone: _____ Name of Supervisor: _____

From: _____ To: _____ Monthly Salary: \$ _____ Occupation/Position: _____
MONTH - YEAR MONTH - YEAR

WHEN DO YOU PLAN TO MOVE-IN? Date: _____
FULL MONTH DAY, YEAR

Applicant represents that statements made are true and correct and hereby authorizes owner's periodic verification of credit, income and references to include but not limited to credit, unlawful detainer and bounced check checks and agrees to furnish additional credit references on request. Applicant agrees to pay for said verification via check, which check shall accompany this Application. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If an applicant's check is returned " NSF", the applicant shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment # _____ at _____

for \$ _____ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ _____ and a security deposit in the amount of \$ _____.

Applicant Signature: _____ Date: _____

LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT - Please check "F" for full time or "P" for parttime after each name.

If this box is checked there shall be no additional occupants.

Name: _____ F P Relationship: _____

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ADDITIONAL INFORMATION

- 1. Have you ever had any credit problems? Yes No
- 2. Have you ever had an unlawful detainer filed against you? Yes No
- 3. Have you ever been evicted for non-payment of rent or for any other reason? Yes No
- 4. Have you ever filed bankruptcy? Yes No
- 5. Have you ever been convicted of a felony? Yes No
- 6. Do you have any pets? Yes No
- 7. Will you be using any water-filled furniture in your residence? Yes No
- 8. Do you have any musical instruments? Yes No
- 9. Do you smoke? Yes No Does any other proposed occupant smoke? Yes No
- 10. Please explain any "Yes" answers: _____

BANKING INFORMATION

Bank/S&L/Credit Union: _____ Branch or Address: _____

Checking #: _____ Approx. Bal.: \$ _____ Savings #: _____ Approx. Bal.: \$ _____

Bank/S&L/Credit Union: _____ Branch or Address: _____

Checking #: _____ Approx. Bal.: \$ _____ Savings #: _____ Approx. Bal.: \$ _____

Other sources of income: _____

CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: \$ _____ Monthly Payment: \$ _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: \$ _____ Monthly Payment: \$ _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: \$ _____ Monthly Payment: \$ _____

EMERGENCY CONTACT

Name: _____ Address: _____

Relationship: _____ Phone: (_____) _____

VEHICLES (including Cars, Trucks, Vans, Motorcycles)

Are you the registered owner? Yes No If not who? _____

Year: _____ Make: _____ Model: _____ Color: _____ License #: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____ License #: _____ State: _____