APPLICATION TO RENT

(all sections must be completed – we cannot process an illegible application) Individual applications required from each proposed occupant 18 years of age or older

APPLYING FOR: Apt No. _____ Located at _____ Rent Amt ____ Per ____ How did you hear about rental? Desired Move-In Date: Last Social Security #: Driver's License: State:_____ License#:____ Email Address: LIST ALL ADDITIONAL OCCUPANTS WHO WILL RESIDE IN UNIT (attach additional page if necessary) _____Date of Birth:_____ Name: ______Date of Birth:_____ Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____ RENTAL HISTORY 1. Current Address: ____ Owner/Manager: ______Tel: ______Reason for leaving: _____ 2. Previous Address: ____ Unit # City Street State Zip How Long? From (Month/Year): _____ To: ____ Rent Paid: ____ Owner/Manager: ______Tel: ______Reason for leaving: _____ Street Unit # City How Long? From (Month/Year): _____ To: ____ Rent Paid: _____ State Zip Owner/Manager: ______Tel: ______Reason for leaving: TOTAL MONTHLY INCOME 1. Current Employment _____ Address: _____ Company Name: _____ Phone: _____ Occupation: ____ _____ Monthly Income: \$_____ Dates of Employment - From: ______To: _____To: Name of Supervisor: ___ 2. Previous Employment Company Name: Phone: _____ Occupation: ____ Monthly Income: \$ Name of Supervisor: Dates of Employment - From: To: 3. Other Income Monthly Amount_____Source _____ Monthly Amount_____ Source ADDITIONAL INFORMATION - Have you or any of the additional occupants listed above: 1. Are you a veteran? ☐ Yes ☐ No 2. Had any credit problems? ☐ Yes ☐ No 3. Had an unlawful detainer filed against you? ☐ Yes ☐ No 4. Had an unlawful detainer judgment against you? ☐ Yes ☐ No 5. Filed for bankruptcy in the last ten years? Yes No If yes when______ 6. Ever used other names? ☐ Yes ☐ No If yes: How many/why? _____ List/Explain 7. Been convicted of a felony? ☐ Yes ☐ No 8. Been convicted of a misdemeanor against persons or property? ☐ Yes ☐ No If you answered yes to either question 7 or 8: What and when? (Please attach additional page detailing conviction) Do you have any water-filled furniture (including aguariums) in your residence? ☐ Yes ☐ No

BANKING INFORMATIO Name of Bank/S&L/Credit	N : Union:		Branch or Address: _		
Checking #:	Approx. Bal	Savings #:	Approx. Bal		
Name of Bank/S&L/Credit	Union:		Branch or Address: _		
	Approx. Bal Savings #: _				
	Credit Cards/Car Payment				
Company Name:	·	Address/City:			
Account #:	Preser	nt Balance:	Monthly Payment:		
Company Name:		Address/City:			
Account #:	Present Balance:		Monthly Payment:		
Company Name:		Address/City:			
Account #:	Preser			Monthly Payment:	
PERSONAL REFERENC	ES				
Name	Address & City	Phone	Time Known	Relationship	
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EMERGENCY CONTACT	Ţ				
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VEHICLES					
Year: Make:	Model:	Color:	License#:	State:	
Year: Make:	Model:	Color:	License#:	State:	
but not limited to, the obtains authorized to obtain a	all of the above statements aining of a credit report, and credit report now and in the above to verify the content	agrees to furnish additi future. <i>Applicant exp</i>	onal credit references ressly authorizes O	s on request. Owner/Agen	
myself including consum character, work habits, pe employers. I understand and private, which main	oplication for rental and/or er, criminal, driving and other, criminal, driving and otherformance and experience that information will be requestain records concerning maims involving me in insurance	her reports. Employm along with reasons for ested from various fede y past activities relati	nent reports may incl r termination of past ral, state and other a	ude information as to my employment from previous gencies and entities, public	
above mentioned informa	ration, any party or agency c tion and any other informati uesters and suppliers of infor	on related thereto. Fu	rther, I will release fr		
or give false information any time furnish informati	statements on this Applicate, I understand that my apon to consumer reporting agoluding both favorable and	plication may be rejected encies and other rental	cted. I understand that I housing owners rega	at the Owner/Agent may a arding your performance o	
Date:		Amalia			
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UNAUTHORIZED USE PRO	יחוסו ו בט			\wedge	

UNAUTHORIZED USE PROHIBITED For Members Only Apartment Association, California Southern Cities Approved Form # F01 – 2/21



