

APPLICATION TO RENT

Tenant

Guarantor

All sections must be completed.

Each occupant 18+ years of age (or guarantor) must complete an application.

Full Legal Name _____ Soc Sec # or ITIN _____ - _____

Other Name(s) You Go By _____

Land Line Phone # (____) _____ Cell phone # (____) _____

Email _____ Work phone # (____) _____

Photo ID/Type _____ Number _____ Issuing Gov. _____ Exp. Date _____

Are you a member of the Armed Forces (including National Guard and Reserves)? circle: Yes / No

CURRENT INFORMATION:

Street Address _____ City _____

State _____ Zip _____

Rent \$ _____ /month # Bedrooms _____ # Bathrooms _____ # Months There _____

Manager's Name _____ Phone Number (____) _____

Reason For Moving _____

WILL YOU HAVE:

Liquid Furniture circle: Yes / No If yes, what _____

How Many Animals Do You Have? _____ What Type Of Animals _____

Musical Instrument circle: Yes / No If yes, what _____

Other Persons Living With You circle: Yes / No Indicate Full Name Of Every Person In Your Household

HAVE YOU EVER:

Filed Bankruptcy? circle: Yes / No If Yes, Date & City _____

Had eviction papers filed on you, been evicted, asked to move? circle: Yes / No List Date & City For Each

Been Convicted For Selling, Distributing Or Manufacturing Illegal Drugs? circle: Yes / No

ACCOUNT INFORMATION:

Checking Bank Name _____ Account # _____

Street Address _____ City _____

State _____ Zip _____

Savings Bank Name _____ Account # _____

Street Address _____ City _____

State _____ Zip _____

VEHICLE INFORMATION:

Manufacturer _____ Model _____ Year _____

Doors _____ Color _____ License # _____ State _____

Manufacturer _____ Model _____ Year _____

Doors _____ Color _____ License # _____ State _____

Initial here _____ Complete remainder of form on reverse side

OCCUPATION:

Company Name _____ Phone Number () — x _____
Street Address _____ City _____
State _____ Zip _____
Job Title _____ Salary \$ _____ circle: yr / mo / wk / hr
Years There _____ Work Performed _____

(if less than 3 years - list previous employer information)

Company Name _____ Phone Number () — _____
Street Address _____ City _____
State _____ Zip _____
Job Title _____ Salary \$ _____ circle: yr / mo / wk / hr
Years There _____ Work Performed _____

(if you are currently enrolled in school, complete the following)

School Name _____ City _____ circle: full / part time
Major/Division _____ Semesters Remaining _____

Other Income Source 1 _____ Amount \$ _____ circle: yr / mo / wk / hr
Other Income Source 2 _____ Amount \$ _____ circle: yr / mo / wk / hr

What may interrupt your income or ability to pay rent? _____

Do you own real estate? circle: Yes / No If so, type and where? _____

EMERGENCY INFORMATION:

Friend's Name _____ Phone Number () — _____
Street Address _____ City _____
State _____ Zip _____

Relative's Name _____ Phone Number () — _____
Street Address _____ City _____
State _____ Zip _____ Relationship _____

AUTHORIZATION:

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above information including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow Owner to disclose tenancy information to previous or subsequent Owners/Agents. Applicant understands that Owner will retain this statement.

IDENTIFICATION:

Please submit a clear photocopy of your current government issued photo identification. (It is suggested that you use the enlarge feature to no more than 125%.) No action will be taken on this application until this identification is received.

SUBMITTING PAPERWORK:

No application will be processed: (a) without a completed application from each occupant (18+), (b) a copy of each occupant's identification, and (c) at least one person who will be on the lease having been shown, by management, the apartment for which this application is being submitted. Fax your paperwork and identification to (818) 246-8833—you will need to bring the originals with you at the time of signing the lease.

Management supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

Applicant Signature _____ Date _____

For Office Use			
Applying	Work & School	Applicant	
For Apt # _____	ID Rec'd <input type="checkbox"/>	Credit Check <input type="checkbox"/>	Verified <input type="checkbox"/>
		Notified <input type="checkbox"/>	