

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)? 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 Yes No If yes, what _____

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

Musical Instrument Yes No If yes, what _____

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

HAVE YOU EVER:

Filed Bankruptcy? Yes No If Yes, Date & City _____

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

Been Convicted For Selling, Possessing, Distributing Or Manufacturing Illegal Drugs? Yes No

Do you have a criminal record? Yes No List What & Date For Each _____

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 \$ _____ [] 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 \$ _____ [] yr [] mo [] wk [] hr
Years There _____ Work Performed _____

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

School Name _____ City _____ [] full- [] part-time
Major/Division _____ Semesters Remaining _____
Other Income Source 1 _____ Amount \$ _____ [] yr [] mo [] wk [] hr
Other Income Source 2 _____ Amount \$ _____ [] yr [] mo [] wk [] hr

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

Do you own real estate? [] 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 and submitted paperwork are true and correct and hereby authorizes verification of the information including, but not limited to, the obtaining of a credit report, unlawful detainer report, criminal record report, bad check searches, social security number/ITIN verification, fraud warnings, previous tenant history and employment history. Applicant agrees to furnish additional credit references upon request, consents to allow Owner to disclose tenancy information to previous or subsequent Owners/Agents, and understands that Owner will retain this application and all submitted paperwork. *If we cannot verify previous landlords and addresses, employment or any statement, including your credit history on your application, it will be rejected.*

SUBMITTING PAPERWORK:

All of the following must be done/required/submitted to process your application:

- 1. A completed application from each occupant (18+),
- 2. A clear photocopy of each occupant's current government issued photo identification,
- 3. At least one person who will be on the lease having been shown, by management, the apartment for which this application is being submitted,
- 4. 2 most recent paystubs from each occupant, and
- 5. 2 most recent bank statements showing pay deposits from each occupant.

Fax your paperwork to (818) 246-8833—bring the originals with you at the time of signing the lease.

Note: Proof of Renter's Insurance will be required within 30-days of Lease execution.

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 For Apt # _____	Tenant History ID Received <input type="checkbox"/>	Unlawful Detainer Credit Check <input type="checkbox"/>	Work/School Verified <input type="checkbox"/>	Criminal Check SSN/ITIN Check <input type="checkbox"/>	Applicant Notified <input type="checkbox"/>	
Fraud Check <input type="checkbox"/>			Bad Check <input type="checkbox"/>			