

APPLICATION TO RENT Complete separate application for each adult tenant.



Driver's Lic./ID #: State Birthdate MONTH - DAY - YEAR	Name:			S	ocial Security #: _		
Home Phone () Work Phone () Cell Phone ()			FIRST	MIDDLE			
CURRENT Address: STREET UNIT OTY STATE ZIP How Long? From (MonthYear): To: Last Rent Paid: Month Amt. \$ Owner/Manager Tel: Reason for Leaving PREVIOUS Address: STREET UNIT OTY STATE ZIP How Long? From (MonthYear): To: Last Rent Paid: Month Amt. \$ Owner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: STREET UNIT OTY STATE ZIP WHAT CITY STATE ZIP WHOW Long? From (MonthYear): To: Last Rent Paid: Month Amt. \$ Owner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: STREET UNIT OTY STATE ZIP How Long? From (MonthYear): To: Last Rent Paid: Month Amt. \$ Owner/Manager Tel: Reason for Leaving CURRENT EMPLOYMENT Company Name Address Company Phone Occupation/Position Type of Business Name of Supervisor Dates of Employment - From: To: Monthly Salary PREVIOUS EMPLOYMENT Company Name Address Dates of Employment From: To: Monthly Salary WHEN DO YOU PLAN TO MOVE IN? Date: Applicant represents that statements made are true and correct and hereby authorizes owner's periodic verification of credit, incand references to include but not limited to credit, unlawful detainer and bounced check checks and agrees to furnish additional creferences on request. Applicant agrees to by of or sald verification via check made payable to the Apartment Association of Greater Angeles, which check shall accompany this Application. Such payment is a part of the application process and is a charge for administrative costs of application consideration scheck is returned "NSF", owner shall be liable for the charge on dem. The undersigned makes application to rent housing accompantations designated as: I hereby apply to rent/lease Apartment No at	Driver's Lic./ID #:			State	Birthdat	te	DAY — YEAR
Address: STREET LINIT A CITY STATE ZIP How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Downer/Manager Tel: Reason for Leaving PREVIOUS Address: STREET LINIT A CITY STATE ZIP How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Downer/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: STREET LINIT A CITY STATE ZIP Amt. \$ Downer/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: STREET LINIT B CITY STATE ZIP How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Downer/Manager Tel: Reason for Leaving CURRENT EMPLOYMENT Company Name Address Company Phone Occupation/Position Dates of Employment - From: To: Monthly Salary PREVIOUS EMPLOYMENT Company Name Address Dates of Employment - From: Type of Business Name of Supervisor Dates of Employment - From: Type of Business Dates of Employment - From: Type of Business Monthly Salary WHEN DO YOU PLAN TO MOVE IN? Dates: Applicant represents that statements made are true and correct and hereby authorizes owner's periodic verification of credit, incand references or to include but not limited to credit, unlawful detainer and bounced check checks and agrees to furnish additional creferences on request. Applicant agrees to by a for said verification via check made payable to the Apartment Association of Greater Angeles, which check shall accompany this Application. Such payment is a part of the application process and is a charge for administrative costs of application consideration scheck is returned "NSF", owner shall be liable for the charge on dem The undersigned makes application to rent housing accommodations designated as: I hereby apply to rent/lease Apartment No. at	Home Phone ()	Work Phor	ne ()	Cell Phone	e ()	
How Long? From (Month/Yean):							
Owner/Manager Tel: Reason for Leaving PREVIOUS Address: STREET	ST	REET		UNIT #	CITY	STATE	ZIP
Address: STREET	How Long? From (Mo	onth/Year):	_To:	Last Rent Paid: Month_		Amt. \$	
Address:	Owner/Manager		Tel:_	Rea	ason for Leaving_		
STREET UNIT # CITY STATE ZP HOWLONG? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Owner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: STREET UNIT # CITY STATE ZP HOWLONG? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Owner/Manager Tel: Reason for Leaving CURRENT EMPLOYMENT Company Name Address Company Phone Occupation/Position To: Monthly Salary PREVIOUS EMPLOYMENT Company Name Address Company Name Occupation/Position To: Monthly Salary PREVIOUS EMPLOYMENT Company Name Address When of Supervisor Dates of Employment - From: To: Monthly Salary PREVIOUS EMPLOYMENT Company Name Address Phone Occupation/Position Type of Business Name of Supervisor Dates of Employment - From: To: Monthly Salary WHEN DO YOU PLAN TO MOVE IN? Date: Applicant represents that statements made are true and correct and hereby authorizes owner's periodic verification of credit, incand references to include but not limited to credit, unlawful detainer and bounced check checks and agrees to furnish additional creferences on request. Applicant agrees to pay for said verification via check made payable to the Apartment Association of Greater Angeles, which check shall accompany this Application. Such payment is a part of the application process and is a charge for administrative costs of application consideration. If applicant's check is returned "NSF", owner shall be liable for the charge on dem: The undersigned makes application to rent housing accomodations designated as: I hereby apply to rent/lease Apartment No at							
Description of the control of the co	Address:	REET		UNIT #	CITY	STATE	ZIP
SECOND PREVIOUS Address: STREET	How Long? From (Mo	onth/Year):	_To:	Last Rent Paid: Month_		Amt.\$	
Address: STREET STREE STREET STREET STREET STREET STREET STREET STREET STREE STREET STATE STREET STATE STREET STATE STREET STATE STREET STATE STATE STATE STREET STATE STAT	Owner/Manager		Tel:_	Reaso	n for Leaving		
Address: STREET	SECOND DDEVIOL	ıe			_		
HowLong? From (Month/Year):To:Last Rent Paid: MonthAmt. \$ Owner/ManagerTel:Reason for Leaving		_		LINUT #	OITY	OTATE	
CURRENT EMPLOYMENT Company Name Address							
CURRENT EMPLOYMENT Company Name Address Type of Business Name of Supervisor Dates of Employment - From: To: Monthly Salary	_						
Company Name Occupation/Position Type of Business			161		on tor Leaving		
Company PhoneOccupation/PositionTo:Monthly Salary				A			
PREVIOUS EMPLOYMENT Company Name Address Type of Business To: Monthly Salary Address Type of Business Name of Supervisor Dates of Employment - From: To: Monthly Salary WHEN DO YOU PLAN TO MOVE IN? Date: 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 correferences on request. Applicant agrees to pay for said verification via check made payable to the Apartment Association of Greater Angeles, which check shall accompany this Application. Such payment is a part of the application process and is a charge for administrative costs of application consideration. If applicant's check is returned "NSF", owner shall be liable for the charge on demonstration and signed makes application to rent housing accommodations designated as: I hereby apply to rent/lease Apartment No at							
PREVIOUS EMPLOYMENT Company Name Address			-				
Company Name Address	•		Dates of	Employment-From:	10	IVIOTITIIY Salary	
PhoneOccupation/PositionType of Business				Address			
Name of Supervisor							
WHEN DO YOU PLAN TO MOVE IN? Date:		-					
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per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first mor	pplicant repre- erences to in ces on reque s, which che strative costs	sents that statements include but not limited st. Applicant agrees took shall accompany of application consid	made are true a to credit, unlaw to pay for said verthis Application eration. If applic	and correct and hereby a ful detainer and bounce erification via check mad n. Such payment is a p cant's check is returned '	authorizes owner's p d check checks and le payable to the Ap art of the applicatio 'NSF", owner shall I	d agrees to furnish partment Association on process and is a	additional cred n of Greater Lo n charge for th
	I hereby apply to	o rent/lease Apartmen	t No	_at			
rent of \$ and a security deposit in the amount of \$	for\$	per month a	and upon approv	val of my Application and	signed Rental Agree	ement, I agree to pay	the first month
		•			-		

LIST ALL ADDITIONAL AD	ULTS AND CHILDRE	N WHO WILL OCCUPY	JNIT - Please put "F" for	full time or "P" for part t	time after each name
☐ If this box is checked the	ere shall be no additio	nal occupant(s).			
Name		Age	Relationship		
Name		Age	Relationship		
Name		Age	Relationship		
Name		Age	Relationship		
ADDITIONAL INFORMATIO	N				
1. Have you ever had any cre	edit problems? 🔳 Yes	□No			
2. Have you ever had an unl	awful detainer filed aga	ainst you? 🔲 Yes 🗍 No)		
3. Have you ever been evicted	ed for non-payment of	ent or for any other reaso	n? Tyes No		
4. Have you ever filed bankru	· ·				
5. Have you ever been convi					
6. Do you have any pets?					
7. Will you be using any water	•		No		
If Yes, do you have insura 8. Do you have any musical int	=				
-		-			
9. Do you smoke? Tyes (-				
10. Please explain any "YE	=S" answers				
BANKING INFORMATION					
Name of Bank/S&L/Credit Ur	nion		Branch or Addr	ess	
Checking #:	Approx. B	alSavings	#:	Approx. Bal.	
Name of Bank/S&L/Credit L					
Checking #:					
				Approx. Bai.	
Other sources of income _					
CREDIT REFERENCES (Cre	edit Cards/Car Payme	ents/Other Loans)			
Company Name		Address/	City:		
Account #:		Present Balance		Monthly Payment: _	
Company Name		Address/	City:		
Account #:		Present Balance		Monthly Payment: _	
Company Name		Address/C	ity:		
Account #:			_		
Company Name					
Account #:			-		
EMERGENCY CONTACT		A -1 -1			
Name:					
Relationship			Phone (_)	
VEHICLES (Operable Autor	_				
Are you the registered owner?	Yes No If not who	ວ?			
Year Make	Model	Color	License # _		State
Year Make	Model	Color	License #		State