

# RENTAL APPLICATION

To obtain this application select File -> Print. Fill out the paper form, and Fax it to (626) 917-7206

COMPLEX NAME _____ DATE _____		
STREET _____ APT. _____		
ADDRESS _____ NO. _____ CITY _____ STATE _____ ZIP CODE _____		
THIS APARTMENT IS TO BE RENTED AS OF _____ AS <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED <input type="checkbox"/> REFRIGERATOR ONLY		
THIS APARTMENT IS TO BE ON A <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> _____ MONTH RENTAL AGREEMENT		
PERSONAL	NAME _____ DOB _____ SS # _____	
	PRESENT ADDRESS _____ HOME PHONE _____	
	CITY _____ STATE _____ ZIP _____ HOW LONG _____ RATE \$ _____	
	DRIVERS LICENSE # _____ STATE _____ <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	
	NAME _____ DOB _____ SS # _____	
	PRESENT ADDRESS _____ HOME PHONE _____	
	CITY _____ STATE _____ ZIP _____ HOW LONG _____ RATE \$ _____	
	DRIVERS LICENSE # _____ STATE _____ <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	
	PLEASE LIST ANY ADDITIONAL PERSONS UNDER THE AGE OF 21 WHO WILL BE OCCUPYING THIS APARTMENT	
	NAME _____ RELATIONSHIP _____ AGE _____	
DO YOU HAVE? <input type="checkbox"/> PETS <input type="checkbox"/> PIANO <input type="checkbox"/> WATERBED		
PREVIOUS RESIDENCY	HAVE YOU EVER BEEN EVICTED? _____ IF YES, EXPLAIN _____	
	HAVE YOU EVER FILED BANKRUPTCY? _____ IF YES, EXPLAIN _____	
	CURRENT LANDLORD NAME _____ PHONE NO. _____	
	STREET ADDRESS _____ CITY _____ STATE _____	
VEHICLE INFORMATION	NUMBER OF MOTOR VEHICLES THAT WILL BE PARKED ON PREMISES _____	
	MAKE _____ YEAR _____ COLOR _____ LICENSE _____	
	MAKE _____ YEAR _____ COLOR _____ LICENSE _____	
	MAKE _____ YEAR _____ COLOR _____ LICENSE _____	
REGISTERED OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN _____		
NO STORAGE OF BOATS, CAMPERS OR OTHER UNOPERATIVE VEHICLES ALLOWED ON PREMISES		
EMPLOYMENT	YOUR EMPLOYER _____ HOW LONG? _____	
	ADDRESS _____ PHONE NO. _____	
	JOB TITLE _____ FROM _____ TO _____ GROSS INCOME \$ _____	
	PREVIOUS EMPLOYER _____ HOW LONG? _____	
	ADDRESS _____ PHONE NO. _____	
	JOB TITLE _____ FROM _____ TO _____ GROSS INCOME \$ _____	
FINANCIAL	NAME OF BANK _____ ACCOUNT NO. _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	
	STREET ADDRESS _____ CITY _____ STATE _____	
	NAME OF BANK _____ ACCOUNT NO. _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	
	STREET ADDRESS _____ CITY _____ STATE _____	
	CREDIT CARD _____ ACCOUNT NO. _____ HOW LONG? _____	
	CREDIT CARD _____ ACCOUNT NO. _____ HOW LONG? _____	
DO YOU OWN ANY REAL ESTATE? _____ IF YES, IN WHICH COUNTY AND STATE? _____		
REFERENCE	NAME _____ RELATIONSHIP _____ CITY _____ PHONE NO. _____	
	STREET ADDRESS _____ STATE _____	
	NAME _____ RELATIONSHIP _____ CITY _____ PHONE NO. _____	
	STREET ADDRESS _____ STATE _____	
EMERGENCY	PERSONS TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN CO-RESIDENTS):	
	NAME _____ RELATIONSHIP _____ CITY _____ PHONE NO. _____	
STREET ADDRESS _____ CITY _____ STATE _____		

The applicant hereby represents that the above statements are true, and are made to induce the Landlord to rent him an apartment and the Landlord is authorized to investigate said statements. Any false statements made above shall be sufficient cause for Landlord to cancel and terminate any agreement made with applicant. Owner or Agent has the right to reject this application and return the deposit, less \$25.00 for processing fee, within twenty (20) days from date. If applicant withdraws application, or fails to execute an Agreement upon request of Landlord, the deposit will be retained by Landlord as liquidated damages.

APPLICATION TAKEN BY \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_