

# 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 ADDRESS _____ APT. 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 _____ CELL PHONE _____									
	DRIVERS LICENSE # _____ STATE _____ HOW LONG _____ RATE \$ _____									
	CO-APPLICANT _____ DOB _____ SS # _____									
	PRESENT ADDRESS _____ HOME PHONE _____									
	CITY _____ STATE _____ ZIP _____ CELL PHONE _____									
	DRIVERS LICENSE # _____ STATE _____ HOW LONG _____ RATE \$ _____									
	<i>PLEASE LIST ANY ADDITIONAL PERSONS UNDER THE AGE OF 18 OCCUPYING THIS APARTMENT</i>									
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NAME _____</td> <td style="width: 30%; text-align: center;">RELATIONSHIP _____</td> <td style="width: 20%; text-align: center;">DOB _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		NAME _____	RELATIONSHIP _____	DOB _____	_____	_____	_____	_____	_____
NAME _____	RELATIONSHIP _____	DOB _____								
_____	_____	_____								
_____	_____	_____								
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 _____										
<i>NO STORAGE OF BOATS, CAMPERS OR OTHER UNOPERATIVE VEHICLES ALLOWED ON PREMISES</i>										
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 _____ PHONE NO. _____									
	STREET ADDRESS _____ CITY _____ STATE _____									
	NAME _____ RELATIONSHIP _____ PHONE NO. _____									
	STREET ADDRESS _____ CITY _____ STATE _____									
	NAME _____ RELATIONSHIP _____ PHONE NO. _____									
STREET ADDRESS _____ CITY _____ STATE _____										
EMERGENCY	<i>PERSONS TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN CO-RESIDENTS):</i>									
	NAME _____ RELATIONSHIP _____ 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 \_\_\_\_\_