

Autumn Leaf Apartments

Rental Application

Property Address: _____ Date: _____

(Applicant)

Last:	First:	Middle:	Jr/Sr		
Date of Birth:	Social Security Number:	Driver's License:	State:	Exp:	
Street Address (Current):	City:	State:	Zip Code:	How Long:	Monthly Rent: \$
Home Phone Number:	Work Phone Number:		Cell Number:		
Landlord Name:	Address:	City:	State:	Phone	
Street Address (Prior):	City:	State:	How Long:	Monthly Rent: \$	
Landlord Name:	Address:	City:	State:	Phone:	
Employer:	Supervisor Name:	Address:	City:	Phone:	
Position:	Salary: \$	How Long:	Other Income:		
Bank:	Phone:	Checking Acct#:	Savings Acct#:		
Auto-Make:	Model:	Year:	Color:	License Plate:	State:
Credit Reference:	Account:	Amount Owing:	Monthly Payment:		
Credit Reference:	Account:	Amount Owing:	Monthly Payment:		
Credit Reference:	Account:	Amount Owing:	Monthly Payment:		
Nearest Relative:	Relationship:		Phone#:		
Personal Reference:	Phone #		How Long:		

Everything that I have stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I authorize you to verify all information contained in this application, including my credit, landlord, and employment information. I further authorize you to answer questions regarding your resident history and credit experience with me.

Applicant Signature: _____ Date: _____



Cancellation Form

Date: _____

I am submitting the Security Deposit in the amount of \$_____ in the form of a _____ personal check _____ money order(s) to reserve the apartment unit located at _____ Unit #_____ or my 2nd choice of _____ Unit #_____ Los Angeles, CA 90007 from _____ 2017 to _____ 2018. I understand this payment is for Security Deposit only. **In the event I do not take possession of the Apartment or cancel my reservation, I have read, understand and agree to the following cancellation policy.**

CANCELLATION:

- (a) If tenant/applicant cancels within **30 days** after signing this Cancellation Form we will deduct a **\$1,000.00** processing fee from the deposit.
- (b) After **31 to 60 days** from signing this Cancellation Form, we will deduct a **\$1,500.00** processing fee from the deposit.
- (c) After **61 to 90 days** from signing this Cancellation Form, we will deduct a **\$2,000.00** processing fee from the deposit.

*No cancellation accepted after **3-weeks** prior to the scheduled move in date or applicant may be required to pay additional penalties. Security Deposit refunds will be processed after cancellation in 21 days.

In the event applicant decides to cancel, it must be put in writing and mailed to **620 S. Arrow Highway, La Verne, CA 91750. The cancellation will take effect on the date notice was mailed and postmarked by the U.S. Postal Service.**

Name (please print) Signature Date

(Current tenants must sign, acknowledging and accepting the cancellation terms)

(Proposed) Move in Date: _____

The Move in date is subject to change according to the current lease terms and conditions

Contact Phone Number () _____

Referred by: _____

*****Current tenants renewing for 2017/2018 school year acknowledge their security deposit will be transferred over and applied to Security Deposit under new lease terms.***

Documents Required to Reserve Apartments

(2801 & 2809 Ellendale Place & 2370 Portland St)

Application -to be filled out by ALL tenants that will be on the lease

Co-Application -to be filled out by parent or legal guardian (must accompany tenant application)-no exceptions! If no co-signer, then equal portion of rent must be paid in full for entire lease.

Cancellation Form -must be signed and dated by each tenant

Copy of Student ID or Driver's License -tenants only

\$50 Application Fee - new tenants only! Checks payable to: Autumn Leaf, LLC

Security Deposit (varies by unit-please check with Leasing Office) all checks payable to: Autumn Leaf, LLC