RESIDENTIAL LEASE APPLICATION

APLLICANT:	
LAST NAN	IE FIRST NAME
SSN:	AST THREE (3) YEARS: DATE OF BIRTH: DATE OF ISSUANCE:
DRIVER'S LICENSE NO.:	DATE OF ISSUANCE:
PRESENT RESIDENT ADDRESS:	
TEL NO.:	FAX NO.:
E-MAIL:	FAX NO.:
PRESENT EMPLOYER:	
CONTACT PHONE NO.:	
POSITION:	SALARY: \$ PEI
OTHER INCOME:	SALARY: \$PEI SOURCE:
CO-APPLICANT:	
LAST NAN OTHER NAME USED WITHIN LA	AST THREE (3) YEARS:
SSN.	DATE OF BIRTH
DRIVER'S LICENSE NO ·	DATE OF BIRTH: DATE OF ISSUANCE:
PRESENT RESIDENT ADDRESS:	DATE OF ISSUANCE
TEL NO.:	FAX NO.:
E-MAIL:	
PRESENT EMPLOYER:	
CONTACT PHONE NO.:	
ADDRESS:	
POSITION:	SALARY: \$PEI
OTHE INCOME:	SOURCE:
NAMES OF PERSONS WHO WIL	L LIVE IN THE LEASING PREMISE:
CREDIT REFERENCE:	
NAME OF BANK:	
ACCOUNT NO.:	TYPE:
NAME OF BANK:	TYPE:
ACCOUNT NO.:	TYPE:
IN CASE OF EMERGENCY:	
NAME OF PERSON TO BE INFOI	RMED:
RELATIONSHIP:	RMED:
ADDRESS:	

I authorize Landlord or his authorized agents to verify the above information, including but not limited to obtaining a credit report. And if this application is accepted, I agree to execute the residential lease agreement.

Applicant Signature:		
Print Name:	Date Signed:	
Applicant Signature:		
Print Name:	Date Signed:	

(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY AND SIGN BELOW)

Thank you for seeking a rental or leasing relationship with our company: GE Property Management Inc, .

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in evaluating our decision to accept your personal guarantee for the rental or lease of our property, the extension of credit in the form of providing tenant improvements, pro-rated and 'financed' through the lease terms, guaranty of the lease or rental agreement, retention and/or for collection purposes, in the event of a default of any of the above.

Inquiries may be made in considering your application, and the ensuing report may contain public/semi-public or private information, identification information, credit information, DMV records or other information, which could adversely affect your potential for an association with us. The report will only be obtained, according to your written instruction(s), below.

You have the right to make a direct written request to obtain copies of any reports, which may have been provided by one, or more of the following Consumer Reporting Agencies, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report (copies of Privacy Policies are available on each website)

- 1. EXPERIAN (www.experian.com) 701 Experian Pkwy Dallas, TX 75013; or call: 1-888-397-3742
- 2. TRANSUNION (www.transunion.com)
 2 Baldwin Place
 Chester, PA 19022; or call:
 1-800-916-8800
- EQUIFAX (www.equifax.com) P.O. Box 740241 Atlanta, GA 30374-0241; or call 1-800-685-1111
- APSCREEN (www.apscreen.com)
 P.O. Box 80639
 Rancho Santa Margarita, CA 92688; or call 1-800-277-2733

For an updated **Summary of your Rights Under the Fair Credit Reporting Act**, please visit the following website: <u>https://files.consumerfinance.gov/f/documents/bcfp_consumer-rights-summary_2018-09.pdf</u>

If you have been the **victim of Identity Theft**, and would like more information please visit the following website: <u>https://files.consumerfinance.gov/f/documents/bcfp_consumer-identity-theft-rights-summary_2018-09.pdf</u>

AGREEMENT AND CONSENT

I have read this form completely, I understand it and *I authorize you to obtain* a Consumer Report, and/or Investigative Consumer Report, for the reason(s) stated above. I also (by photocopy, facsimile or electronic transmission of this form) authorize Consumer Reporting Agencies, related or unrelated firms both public and private; government, law enforcement and/or other agencies and/or persons to release information deemed necessary in response to this authorization. I have read and I understand my rights identified at: <u>www.ftc.gov</u> and any other state or local websites that may apply and that I am authorizing this request in accordance with my rights under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act, the Gramm-Leach-Bliley Act, The California Investigative Consumer Reporting Agencies Act and any other Federal, state or local laws, statutes and/or ordinances that may apply.

Signed:	Date:	_
Full Name (Printed):		
Social Security Number:	Date of Birth (mm/dd/yy):	
Current Address:		
City/State/Zin:		

101 E Valley Blvd, #000 San Gabriel CA 91776

Document we need:

- 1. Fill out the attached lease application
- 2. Copy of your driver license.
- 3. Poof of income (pay stub or W2)
- 4. Proof of fund (Bank statement)
- 5. Credit report we will run credit for you for \$40.00 if you don't have one.

One month of Rent \$*** + Security Deposit (\$**) upon signing the contract

1-Year Lease Term

E-mail: hannah@geproperty.com Tel:626-458-9000