APPLICATION TO LEASE

(All sections must be completed)
Individual applications required from each occupant 18 years of age or older

## **APPLYING FOR:**

| Apt. #:  | Located at: 691 Levering Avenue,      | CA 90024    | Rent Amount:         |                     | Per:               |                       |
|--|---------------------------------------|-------------|----------------------|---------------------|--------------------|-----------------------|
| How did you hear about rental?:  |                                       |             | Expected Move-in     | Date:               |                    |                       |
| Name:  |                                       |             | Phone: ()            | <del>-</del>        | E-mail:            |                       |
| Last   |                                       | Middle      |                      |                     |                    |                       |
| Social Security #:   | Drivers License                       | & State: _  |                      |                     |                    | nth / Day / Year      |
| RENTAL HISTORY:  |                                       |             |                      |                     |                    | •                     |
| Current Address:   |                                       |             |                      |                     |                    |                       |
| Street   |                                       |             | City                 | State               |                    | Zipcode               |
| How long? From (Month / Year):   |                                       |             |                      |                     |                    |                       |
| Owner / Manager:   | Telephone#: (_                        | )_          | <del></del>          | Reason for          | leaving:           |                       |
| CURRENT EMPLOYMENT:  |                                       |             |                      |                     |                    |                       |
| Company Name:  |                                       |             |                      |                     |                    |                       |
|  | Occupation: Monthly Salary\$:         |             |                      |                     |                    |                       |
| Name of Supervisor:  |                                       |             | _ Dates of Employ    | ment – From:        | t                  | 0                     |
| BANKING INFORMATION:   |                                       |             |                      |                     |                    |                       |
| Name of Bank / S&L / Credit Union:   |                                       |             |                      |                     |                    |                       |
| Checking #:  |                                       |             |                      |                     |                    |                       |
| Name of Bank / S&L / Credit Union:   |                                       |             |                      |                     |                    |                       |
| Checking #:  | _ Approx. Balance: \$                 | Sa          | vings #:             |                     | _ Approx Balance   | e: \$                 |
| EMERGENCY CONTACT:   |                                       |             |                      |                     |                    |                       |
| Name:  | Address:                              |             |                      |                     |                    |                       |
| Relationship:  | Phone#: (                             |             |                      |                     |                    |                       |
| VEHICLES(Operable Automobile   | s Including Trucks, Vans, Motorc      | eycles)     |                      |                     |                    |                       |
| Year: Make:  | Model:                                |             | Color:_              |                     | _ License#:        | State:                |
| Year: Make:  | Model:                                |             | Color:_              |                     | _ License#:        | State:                |
| ADDITIONAL INFORMATION:  |                                       |             |                      |                     |                    |                       |
| 1. Have you ever had any credit prob   | olems?                                | YES         | NO                   |                     |                    |                       |
| 2. Have you ever had an unlawful de  | tainer filed against you?             | YES         | NO                   |                     |                    |                       |
| 3. Have you ever been evicted for no   | n-payment of rent or for any other r  | reason?     | YES                  | NO                  |                    |                       |
| 4. Have you ever filed bankruptcy?   | YES NO                                |             |                      |                     |                    |                       |
| 5. Have you ever been convicted of a   | ı felony? If so, wl                   | hat?:       |                      | when?:              |                    |                       |
| LIST ALL ADDITIONAL OCCU   | PANTS WHO WILL RESIDE IN              | UNIT        |                      |                     |                    |                       |
| Name:  |                                       |             | Da                   | ate of Birth:       |                    |                       |
| Name:  |                                       |             | Da                   | ate of Birth:       |                    |                       |
| Name:  |                                       |             |                      |                     |                    |                       |
| Name:  |                                       |             |                      |                     |                    |                       |
| I authorize, without reservation, any other information related thereto. Funerewith.                         | party or agency contacted, to furnish | h completel | ly and without limit | tation, any and all | of the above menti | ioned information and |
| The undersigned makes application t agrees to sign a rental or lease agreer automatic denial of application. |                                       |             |                      |                     |                    |                       |

Date: \_\_\_