APPLICATION TO RENT

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

APPLYING FOR:

Apt No Located a	t			Rent	: Amt	Po	er		
How did you hear about rental?				Expe	ve-In Date:				
Name:				Phon	ne: ()	_=		
Last Social Security #:	First Drive		Middle d State:						
LIST ALL ADDITIONAL O	CCUPANTS WHO	WILL RE	SIDE IN UNI	т		N	lonth-Da	y-Year	
Name:				Date o	of Birth:				
Name:				Date o	of Birth:				
Name:					_ Date of Birth:				
Name:				Date o					
Street How Long? From (Month/Ye	ear):	To:		nit# Rent Paid:			State	Zip	
	•			Reason for leaving:					
Previous Address:									
Street How Long? From (Month/Yo			Un	it# Rent Paid:			tate	Zip	
Owner/Manager:									
Second Previous									
Address: Street How Long? From (Month/Ye			Uı	nit# Rent Paid: .	•		state	Zip	
Owner/Manager:	Tel	:		Reason for	leaving:				
CURRENT EMPLOYMENT	-								
Company Name:			Addre	ess:					
Phone:	Occupation:				Monthly	Salary: \$			
Name of Supervisor:			Dates of	Employmer	nt - From	ı:	To:		
PREVIOUS EMPLOYMEN	т								
Company Name:			Addre	ess:					
Phone:	Occupation:				Monthly	Salary: \$			
Name of Supervisor:			Dates of	Employmer	nt - From	ı:	To:		
ADDITIONAL INFORMATI 1. Have you ever had an ur 2. Have you ever heen evid 4. Have you ever filed bank 5. Have you ever been cond 6. Do you have any pets? 7. Will you be using any wa	credit problems? Inlawful detainer filed Ited for non-paymer Itruptcy?	d against ynt of rent of No If s yes, How	you?	ner reason? Descr	ibe:	When			

Name of Bank/S	_	· ·			Bra	anch or	Address: _			
Checking #:				gs#:	 Approx. Bal					
Name of Bank/S	&L/Credit Union:	· ·			Bra	anch or	Address: _			
Checking #:		Approx. Bal.					Approx. Bal			
CREDIT REFER	RENCES (Credit	Cards/Car P	ayments/Other	Loans)						
Company Name):		Add	lress/Ci	ty:					
Account#:		Present Balance: Monthly Payment:						nt:		
Company Name):		Add	lress/Ci	ty:					
Account#:		Present Balance: Monthly Pa					thly Payme	ayment:		
Company Name	o:		Add	lress/Ci	ty:					
Account#:		Present Ba			alance:N			Monthly Payment:		
PERSONAL RE	FERENCES									
Name	Address & C	ess & City		Phone			Time Known	Relationship		
				()		TAHOWH			
				()					
				()					
EMERGENCY (CONTACT									
Name:			Address:							
Relationship:					_ Phone	: ()			
VEHICLES (Op	erable Automob	iles includin	g Trucks, Vans,	Motor	cycles)					
Year: M	Make: Model:			Color:		License#:		State:		
Year: M	ake:	Model: _		Color:		_ Licens	se#:	State:		
including, but n		e obtaining o	f a credit report	and a	grees to	furnish		rizes their verification credit references or		
myself including character, work previous employ entities, public	consumer, crim habits, perform ers. I understan	inal, driving a ance and ex od that informa ch maintain re	nd other reports. perience along valion will be requied accords concerning.	Emplowith real ested from the steed	oyment reasons for om variou on the community of the community on the community of the comm	eports n r termin us feder rities rel	nay include nation of parral, state an	uiries will be made or information as to my ast employment from nd other agencies and iving, credit, criminal		
of the above me		tion and any o	other information	related	thereto.	Furthe	er, I will rele	limitation, any and al ease from liability and		
forth above and		of this applicat	tion agrees to sig					nt and location as se I to pay all sums due		
Dated:	, 19			,	Applicant					

UNAUTHORIZED USE PROHIBITED For Members Only Apartment Association, California Southern Cities Approved Form# F1 - 1/98



