



PROPERTY NAME _____
 APT. # _____ APT. TYPE _____
 SPECIAL INSTRUCTIONS _____

DATE REC. _____
 DATE APPROVED _____
 APPROVED BY: _____
 NOTIFIED _____

TO INSURE PROMPT PROCESSING, PLEASE FILL OUT ALL BLANKS

NAME _____ SOCIAL SECURITY # _____
 NAME _____ SOCIAL SECURITY # _____
 Why are you vacating your residence? _____
 Deposit \$ _____ Processing Fee \$ _____ Total Paid \$ _____ CASH _____ CHECK _____
 Expected Move-In Date _____ Monthly Rental \$ _____ F U
 No. of Occupants _____ Names _____

ADDRESS — PLEASE INCLUDE STREET, CITY, STATE, AND ZIP CODE

Present _____ Phone _____
 From _____ To _____ Owner/Manager _____ Phone _____
 Previous _____
 From _____ To _____ Owner/Manager _____ Phone _____
 Next Prev. _____
 From _____ To _____ Owner/Manager _____ Phone _____

<p>OCCUPATION</p> <p>Position _____ Take Home Pay _____ Employer _____ Address _____ Supervisor _____ Phone _____ Starting Date _____</p> <p>PRIOR OCCUPATION</p> <p>Position _____ Take Home Pay _____ Employer _____ Address _____ Supervisor _____ Phone _____ Starting Date _____</p>	<p>PRIOR OCCUPATION</p> <p>Position _____ Net Salary _____ Employer _____ Address _____ Supervisor _____ Phone _____ Employed From _____ To _____</p> <p>PRIOR OCCUPATION</p> <p>Position _____ Net Salary _____ Employer _____ Address _____ Supervisor _____ Phone _____ Employed From _____ To _____</p>
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CREDIT REFERENCES

_____ Monthly Payment _____ Balance _____
 _____ Monthly Payment _____ Balance _____
 _____ Monthly Payment _____ Balance _____

BANK REFERENCES (Verification of current bank statements required):

Branch Name _____ Branch Name _____
 Branch Address _____ Branch Address _____
 Account (CHK) _____ Amt: _____ Account (CHK) _____ Amt: _____
 Account (SAV) _____ Amt: _____ Account (SAV) _____ Amt: _____

LOCAL EMERGENCY CONTACTS:

1. _____	Address _____	City _____	Phone _____	Relationship _____
2. _____				

LOCAL PERSONAL REFERENCES
OTHER THAN EMERGENCY CONTACTS

1. _____	Address _____	City _____	Phone _____	Yrs. Known _____	Occupation _____
2. _____					

VEHICLE: Auto Truck Van Motorcycle

Make _____ Model _____ Year _____ License No. _____
 Make _____ Model _____ Year _____ License No. _____
 Make _____ Model _____ Year _____ License No. _____
 CA Driver's License or ID # _____ Spouse's CA Driver's License or ID # _____
 Out of State Drivers License or ID # _____ Spouse's Out of State Drivers License or ID # _____
 Soc. Sec. # Verified: Yes No DL/ID # Verified: Yes No Do you own a waterbed? _____

Applicant represents that statements made above are true and correct and hereby authorizes verification of references and agrees to furnish additional credit references on request.

Applicant agrees to pay a non-refundable Processing Fee of \$30.00 per person, representing the expenses incurred by Lessor in processing the Rental Application and Rental Agreement but not limited to credit checking and verification of information on the application, verification of bank accounts, and of Applicant(s) employment. Upon approval of application, Applicant agrees to sign Rental Agreement, and pay all monies due before occupancy. Applicant has three (3) days from date of application to request refund of deposit paid.

DATE APPLIED: _____ APPLICANT: _____ Date

MANAGER: _____ APPLICANT: _____ Date