

APPLICATION TO LEASE

The following must be completed in its entirety and verified prior to consideration for occupancy. All documents provided by applicant will be retained with this application.

For Office Use Only							
Property Name	Apt #						
Move-In Date	Apt. Type						
Staff Member	Rent						

PLEASE PRINT

PERSONAL INFORMATION										
LAST NAME		FIR	ST NAME							
Gov't Issued Photo ID#/State	Social Security Number						Date of Birth			
Current Phone #	Cell Phone #						E-mail Address			
Names of others who will occupy apartment										
DECIDENTIAL LICTORY										
RESIDENTIAL HISTORY Current address (Number, Street, City, Zip)							If apartment, name of complex			
							Dates of Residency			
Rent Own	Hou	ıse		Apartme	nt		Room			
To whom do you make payments?							Monthly payment of			
Name							Monthly payment \$			
Address							Phone # ()			
City				State			Zip			
Previous address (Number, Street, City, Zip)						If apartment, name of complex				
							Dates of Residency			
Rent Own	Hou	ıse		Apartme	nt		Room			
To whom did you make payments?					_					
Name							Monthly payment \$			
Address				0			Phone # ()			
City				State			Zip			
INCOME										
Current Employer (if employed)							Dates of Employment From			
Address							то			
City State Zip			Zip				Phone # ()			
Type of business Position			ition					nually		
Other verifiable income	Annı	ually	Description				<u> </u>			
\$	Mon	thly								
	Annı	ually	Description							
\$	Mon Anni		Description							
er.	Mon		Description							
\$	Ann		Description							
\$	Mon	thly								
	Annı	ually	Description							
\$	Mon	thly								
FINANCIAL										
Checking: Bank and branch				Acct	. #					
Savings: Bank and branch					Acct	. #				
Carings. Dank and branch				, 100t. #						
Other Assets (if needed to qualify)										

FINANCIAL (Continued) Have you ever filed bankruptcy? County and state where filed	Yes	<u> </u>	If yes, when		If yes, date of discharge	
Have you ever had any suits, liens,					Yes No	
Describe	, 5	·	County and State			
Describe			County and State		<u> </u>	
			•			
Describe			County and State			
CURRENT FINANCIAL OBLIGATI	ONS (Please li	st ALL monthly	payments)			
Name	Address				Account Type	
					I	
How many vahicles do you own?	Mako		Model	Voor	License #	
(cars, trucks)	Wake		Wodei	rear	License #	-
	Make		Model	Year	License #	_
	Make		Model	Year	License #	_
PARKING OF RECREATION VEH DESIGNATED AREA IS PROVIDE		, TRAILERS OF	R COMMERCIAL VEHIC	LES ON THE	PROPERTY IS PROHIBITED UNLESS	
EMERGENCY INFORMATION	In case of En	nergency, pleas	e notify			
First Emergency Contact Last Name		First Name	e		Relationship	
Address			-		Phone Number	
Address					THORE NUMBER	
Second Emergency Contact Last Name		First Name	e	l	Relationship	
Address					Phone Number	
HOW DID YOU FIRST LEARN OF	THIS APARTM	IENT COMMUN	IITY?			
Apartment Guide	Drive By	Referral	Anza Communi	ty	Apts.com Flyer	
For Rent.com	Craigslist	Signs	Website		Other Not Listed	
REASON FOR RELOCATION:						
Everything that I have stated retain this application whether rental history. I authorize younlawful detainer (eviction) remployment history. I hereby agree to release an employees from any and all verification of the information the above data and information.	I in this applier or not it is u to obtain reports, bad of the deports, bad of the deports of th	cation is corr approved. Y eports that m check search ess the proper proceedings on this applic herein include	ect to the best of m fou are authorized to ay include credit rep es, social security r erty, its owners, And a and costs including ation form or the rel ing, but not limited	y knowledo o investiga ports, investigation number vertical ca Manage g attorney's ease of thi o the state	premises, and for credit clearance. ge. I understand that you will ite my credit, financial, litigation and stigative consumer reports, rification and previous tenant and ement Company, their agents and as fees arising out of either the is information to other parties. All of ement of my assets, income and ate my financial conditions as of the	
Applicant's Signature				Ī	Date	