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| ΓEL: (310)391-1 | | <u> </u> | | | | | | FAX: | (310)391-88 |
|---------------------------------------|----------------|---------------------|------------|-----------|------------|------|---------------|-------------|------------------|
| APPLICANT Each A | | PPLICATIO | | | | | SE | PI | LEASE PRINT |
| First, Middle, Last Nam | | C OV 10 THUSE CONT | D | ate of Bi | rth | Soci | al Security # | _ | er's License # |
| | | | | | | | | | |
| Other Names Used In the Last 10 Years | | | Home Phone | | Cell Phone | | Email Address | | |
| | | | | | | | | | |
| ADDITIONAL OC | CUPANTS List e | evervane who will l | ive with | VOII: | | | | | |
| First, Middle, Last Nam | | | | | | Date | of Birth | Relations | hip To Applicant |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| EMPLOYMENT | | | | | 1 | | | | |
| | С | urrent Employmen | it | | | | Prior Emp | oyment | |
| Employer | | | | | | | | | |
| Address | 70 | | | | | | | | |
| Employer Phone | +,: | | | | | | | | |
| Job Title | | | | | | | | | |
| Name of Supervisor | | | | | | | | | |
| Dates of Employment | From: | To: | | | From: | | To: | | |
| Income Per Month | \$ | | | | \$ | | | | |
| RESIDENCE | | | | | | | | | |
| | Current | Residence | | Previo | ous Resid | ence | | Previous Re | sidence |
| Street Address | | | | | | | | | |
| City | | | | | | | | | |
| State & Zip | | | | | | | | | |
| Dates of Stay | | | | | | | | | |
| Owner/Manager | | | | | | | | | |
| Phone number | | | | | | | | | |
| Reason For Leaving | | | | | | | | | |
| Last Rent Paid | \$ | | \$ | | | | \$ | | |
| VEHICLES | • | | | | | | | | |
| Automobiles | Make | Model | | | Color | | Year | L | icense No. |
| | | | | | | | | | |
| M | | | | | | | | | |
| Motorcycles | | | | | | | | | |
| PERSONAL REFER | | | | | | | | | |
| In Case Of Emergency, | Notify | | Address | /City | | Pho | ne | Relati | onship |
| Close Friend | | | | | | | | | |
| | | | | | | | | | |
| Nearest Relative Living | Elsewhere | | | | | | | | |
| | | | | | | | | | |

| water filled furniture Have you ever been of distributing or manufother crime? Have you ever been eviction for non-paymer answer. Please explain any "yes" answer. Why are you leaving your curron and the senter into a Rental Agreement. An application fee of \$ | heck ans s/anima or bank sical ins er-filled in the a convicted acturin evicted nent of | als? kruptcy? struments? d furniture or do you int apartment? ed for selling, possessin ng illegal drugs or convic or named as a defenda rent or any other reaso | g, ted of any nt in an | Balance YES YES YES YES YES YES YES YES | \$ Due Monthly NO NO NO NO NO NO |
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| n application fee of \$ | | lease Apartment # | | | |
| n application fee of \$ | | for \$pe | r month, and up | on owner's appr | oval agrees to |
| redit history and other backgr pplicant represents that all interification of all references and ersonal references. Applicant her riminal background reports. App | and/or | r Lease and pay all rent | and security dep | posits required t | perore occupancy. |
| nderstands that incomplete or in esult in denial of tenancy. In the ccepted as a Resident, and whether the discretion, deem such misstate in Month to Month Rental Agree vaives any claim and releases from | formatic facts, reby aut dicant a correct e event er or no ement or ment an | on given on this applicate including but not limited thorizes owner/agent to obtaining the formation provided in the that a material misstatem of a Lease or Month to Morr misrepresentation to be a not grounds for rescission of | tion is true and to current and pain Unlawful Deta credit and/or pershe application mayent or misrepresenth Rental Agreem material and non-of the contract and | correct. Applica previous landlords iner, Credit Report conal references up cause a delay in ntation is discove ent is executed, O curable breach of d immediate evict | ant hereby authorizes and employers, a rts, Telechecks, and pon request. Application processing which mared after Applicant where may, at Owner any subsequent Leation. Applicant here |
| Applicant:(Signature required) | | [| Date: | | |