APPLICATION TO RENT OR LEASE

(* Required Fields marked with *)

*Name: Home Phon	e:	ncome (all sour			*Soci	al Securit er License	ty Num e No:_	nber:		tate:	
	Address with City & Zip)	Why you lef		\$Rent	Own	er/Manager	Phone	From	То
*Present	ent										
Previous											
Next Prev.											
		*DDECENIT	OCCUDA:	TION			CCLID	ATION		ROM-TC	\
*Occupation		PRESEIVI	*PRESENT OCCUPATION			PRIOR OCCUPATION			1 KOW-10		
*Employer											
Business Ac	Hdress										
*Business P											
*Name of Si											
			BAI	NK INFO	RMA	ΓΙΟΝ					
NAME OF BANK BRANG				ADDRESS				ACCOL	JNT NUMBERS		
			Che					ecking vings			
Financial Ob	oligations - Lis	st your monthly p	payments a	and expense	es belo	ow:					
PAYMENTS TO:		A	•			UNT NUMBER N		MONT	MONTHLY PAYMENT		
In case of emergency notify:		: Addre	Address		Phone		City			Relationship	
Personal References		Addre	Address		Phone		Length of Acquaintance		nce	Occupation	
PROPOSED OCCUP		JPANTS	NTS RELAT		ΓΙΟΝSHIP			OCCUPAT		ION	
How many is	n vour family a	r party intending	to live in h	ome2 Adu	lte		Child	ren			
		acquiring any pe		Please de			Crillai	en			
Do you own	your furniture?	? □Yes □No	Your own	_ car? □Yes	□No	Make,	Mode	<u></u>	Ta	ag #	
		e kept at rental					- \/				_
		nkruptcy? □Yes t automatically d							¬Voc ⊐Nc		
		ny damage to th							1162 PINC	,	
A deposit of	\$1000 will be	required as a cle	eaning and	security de	posit,	refundab	le as p	rovided by la			
refundable p	pet rent. Applic	ant represents the es a credit checl	hat stateme	ents made a	above a Lhack	are true a	and col	rrect and here	eby author	izes verifi	cation
		pplication to rent	•		•	,	•		Δve #157	Fscondi	do
CA 92026 , t	he monthly rer	ntal for which is	\$1295 (auto	o-debited) a	ınd up	on approv	val of t	his applicatio	n agrees t	o sign a re	ental
or lease agr	eement and to	make all payme	ents due be	fore occupa	ancy. /	A copy of	this ap	oplication is h	ereby ack	nowledge	d.

(Note: Photo ID is required when submitting this application for your protection)
Scan and eMail completed application to dsuder@hotmail.com or FAX to 858-430-4883