

FOR OFFICE USE ONLY
DEPOSIT _____ RECEIVED DATE _____

PLEASE FILL IN ALL BLANKS ON APPLICATION
Rental/Lease Application
EQUAL HOUSING OPPORTUNITY

PLEASE FILL OUT BOTH SIDES COMPLETELY:
FAX: 18-866-220-5334/EMAIL:
KATGRAFIX@AOL.COM OR MAIL TO:
815 N. LA BREA, INGLEWOOD, CA. 90302

THE UNDERSIGNED HEREBY MAKES AN APPLICATION TO RENT/LEASE: HOUSE/GUEST APT/OFFICE SPACE/VACATION RENTAL/PARKING SPACE/ **CIRCLE ONE**
ANTICIPATED MOVE IN DATE: _____ **ALL APPLICANTS 18 YRS OR OLDER MUST FILL SEPARATE APPLICATION.**

PLEASE TELL US ABOUT YOURSELF

PLEASE TELL US ABOUT YOURSELF:

FULL NAME _____ HOME PHONE _____ CELL _____
DATE OF BIRTH _____ SOC SEC # _____ EMAIL ADDRESS _____

CO-APPLICAN NAME _____ NAMES OF DEPENDENTS: _____
PASSPORT NUMBER, COUNTRY EXPIRATION _____
DATE _____

CO-APPLICANT DATE OF BIRTH _____ Soc. Sec # _____ DEPENDENT(S) BIRTH-

PLEASE TELL US ABOUT RESIDENTIAL HISTORY LAST 5 YEARS

CURRENT ADDRESS _____ APT _____
_____ CITY _____ STATE _____ COUNTRY _____ POST ZIP CODE _____
MONTH/YEAR MOVED IN: _____ REASON FOR LEAVING _____
OWNER/AGENT _____ PHONE(S): _____
RENT\$ _____

PREVIOUS ADDRESS _____ APT _____
_____ CITY _____ STATE _____ COUNTRY _____ POST ZIP CODE _____
MONTH/YEAR MOVED IN: _____ REASON FOR LEAVING _____
OWNER/AGENT _____ PHONE(S): _____
RENT\$ _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

HAVE YOU DECLARED BANKRUPTCY IN THE PAST 7 YEARS? _____ YES _____ NO HAVE YOU BEEN EVICTED FROM A RENTAL/LEASE RESIDEN-
CY? _____ YES _____ NO
HAVE YOU HAD TWO OR MORE LATE RENTAL PAYMENTS IN THE PAST YEAR? _____ YES _____ NO HAVE YOU EVER WILLFULLY OR
INTENTIONALLY REFUSED TO PAY RENT? _____ YES _____ NO

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

YOUR STATUS _____ FULL TIME _____ PART TIME _____ STUDENT _____ UNEMPLOYED _____ RETIRED
EMPLOYER _____ DATES EMPLOYED _____
EMPLOYED AS: _____ SUPERVISOR'S NAME _____
NAME _____ PHONE# _____
SALARY _____ PER HR/PER WEEK/PER MONTH/PER YEAR CIRCLE ONE
IF EMPLOYED LESS THAN 12 MONTHS PLEASE GIVE NAME AND PHONE NUMBER OF PREVIOUS EMPLOYERS OR SCHOOL:
EMPLOYER _____ DATES EMPLOYED _____
EMPLOYED AS: _____ SUPERVISOR'S NAME _____ PHONE# _____
SALARY _____ PER HR/PER WEEK/PER MONTH/PER YEAR CIRCLE ONE
EMPLOYER _____ DATES EMPLOYED _____
EMPLOYED AS: _____ SUPERVISOR'S NAME _____
PHONE# _____
SALARY _____ PER HR/PER WEEK/PER MONTH/PER YEAR CIRCLE ONE
EMPLOYER _____ DATES EMPLOYED _____
EMPLOYED AS: _____ SUPERVISOR'S NAME _____
PHONE# _____
SALARY _____ PER HR/PER WEEK/PER MONTH/PER YEAR CIRCLE ONE

IF YOU HAVE OTHER SOURCES OF INCOME THAT YOU WOULD LIKE US TO CONSIDER, PLEASE LIST INCOME , SOURCE AND PERSON (BANKER,
EMPLOYER, ETC) WHO WE MAY CONTACT FOR CONFIRMATION. YOU DO NOT HAVE TO REVEAL ALIMONY, CHILD SUPPORT OR SPOUSE'S ANNUAL
INCOME, UNLESS YOU WANT US TO CONSIDER IT IN THIS APPLICATION

AMOUNT\$ _____ SOURCE/CONTACT NAME _____
SOURCE CONTACT ADDRESS _____ SOURCE CONTACT TEL NUMBER _____

PLEASE LIST YOUR REFERENCES:

BANK ACCOUNTS:

NAME: _____ TYPE OF ACCOUNT _____ NUMBER _____

NAME: _____ TYPE OF ACCOUNT _____ NUMBER _____

NAME: _____ TYPE OF ACCOUNT _____ NUMBER _____

PERSONAL REFERENCES

NAME: _____ ADDRESS _____
TEL _____ RELATIONSHIP _____ HOW MANY YRS _____

NAME: _____ ADDRESS _____
TEL _____ RELATIONSHIP _____ HOW MANY YRS _____

NAME: _____ ADDRESS _____
TEL _____ RELATIONSHIP _____ HOW MANY YRS _____

Driver's License # _____ State _____

Country Issued _____ Expiration Date _____

Vehicle Information : Make _____ Model _____ Year _____

License Plate Number _____

ADDITIONAL INFORMATION:

DO YOU HAVE ANY ADDITIONAL INFORMATION THAT MIGHT HELP OWNER/MANAGEMENT EVALUATE THIS APPLICATION

Where may we reach you to discuss this application? Day phone _____ Eve phone _____

Applicant represents that the statements made are true and correct and authorizes owners verification of credit, income and references.

Applicant agrees to pay for said verification via check or money order made which shall accompany this application. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If Applicant's check is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

Proposed length of stay/residency: 3-10 days/ 10-30 days/ 1-2 months/ 3 months/ 6 months/ 1 yr/ 2 yrs or more **circle one**

APPLICANT'S SIGNATURE

APPLICANT'S SIGNATURE

PRINT NAME

TODAY'S DATE

PRINT NAME