101 Dudley Ave. Venice, CA 90291 APPLICATION TO RENT

(ONE APPLICATION PER ADULT APPLICANT) \$40.00 NON-REFUNDABLE FEE REQUIRED IF APPLICATION IS SUBMITTED TO CONSUMER REPORTING AGENCY. (CASH OR MONEY ORDER). YOU HAVE THE RIGHT TO REQUEST A COPY OF YOUR CREDIT REPORT.

NAME:	SOCIAL SECURITY #								
LAST	FIRST		M.I. SOCIAL SECURITY #						
DRIVERS LIC. # & STATE:	BIRTH DATE:/								
HOME PHONE: ()	WORK PHONE: ()								
CURRENT ADDRESS:	STREET	///	CITY	STATE	_/ZIP				
How Long ? From (Month/Yr):	To:		Last rent paid: Mon	th	Amt. \$				
Owner/Manager:	Phone: ()							
Reason for leaving:									
PREVIOUS ADDRESS:	STREET	// UNIT	CITY	STATE	_/ ZIP				
How Long ? From (Month/Yr):	To:		Last rent paid: Mon	th	Amt. \$				
Owner/Manager:	Phone: ()							
Reason for leaving:									
SECOND PREVIOUS ADDRESS:	STREET	// UNIT	CITY	STATE	_/ ZIP				
How Long ? From (Month/Yr):	To:		Last rent paid: Mon	th	Amt. \$				
Owner/Manager:	Phone: ()							
Reason for leaving:									

CURRENT EMPLOYMENT Company Name: _____ Address: ____ Phone: () Position: Type of Business: Supervisor: ______ Dates of Employment: From ____/___ to: ___/___ Monthly Salary: _____ PREVIOUS EMPLOYMENT Company Name: _____ Address: _____ Phone: () Position: Type of Business: Supervisor: ______ Dates of Employment: From ____/___ to: ___/___ Monthly Salary: _____ **BANKING INFORMATION** Name of Bank/S&L/Credit Union _____ Branch or Address Checking #: _____ Approx. Balance: _____ Savings #: Approx. Balance: **CREDIT REFERENCES (Credit Cards/car Payments/Other Loans)** Company Name: Address/City: Account # Present Balance: Monthly Payment: Company Name: ______ Address/City: _____ Account # _____ Present Balance: _____ Monthly Payment: _____ Company Name: _____ Address/City: _____

Account # _____ Present Balance: ____ Monthly Payment: _____

ADDITIO	ONAL INFORMAT	ΓΙΟΝ					
Have you	ı ever had any cred		Yes []	No []			
Have you	ı ever had an unlaw		Yes []	No []			
Have you	ı ever been evicted		Yes [] No []				
Have you	ı ever filed bankrup	Yes [] No [] Yes [] No [] Yes [] No []					
Have you	u ever been convict						
Do you h	ave any pets?						
Will you be using any water filled furniture in your residence ?					Yes [] No []		
If Yes, do	o you have insuran	Yes []	No []				
Do you h	ave any musical ins		Yes []	No []			
Please ex	xplain any YES ans	swers:					
EMERG	ENCY CONTACT	Γ					
Name: _			Address:				
Relations	ship:	·····	Phone: ()				
-		er? Yes[] No[] If no					
Year	Make	Model	Color	License #	State		
I WILL BE	: THE ONLY PERSO	N LIVING IN THIS UNIT (IN	IITIAL)				
references request. A application undersign	s to include but not lin pplicant agrees to pa n. Such payment is a	nents made are true and corrented to credit, unlawful detain y for said verification via chec part of the application proces to rent housing accommodat	ner and bounced check ck made payable to CA ss and is a charge for the	as and agrees to furnish ac ASA LOMA APARTMENTS the administrative costs of	dditional credit refer S, which will accom application conside	ences on pany this ration. The	
		FOR \$ H'S RENT OF \$					
Applicar	nt Signature				Date		

Please sign your Lease and pay the total move-in amount within 48 hours of being notified that we have approved your application, If you do not we may rent the unit to another applicant. The following is a breakdown of the prices of each of the items included in the estimate. The client has the freedom to add and remove features until a down payment has been made.