

Date:	
on this application are completed and corre APPLICATION WILL RESULT IN IMME	n to rent an apartment and certifies that the answers ect. ANY FALSE ANSWERS FOUND ON THIS DIATE DENIAL. The undersigned further realizes o way constitute acceptance for rental on the part of
I/We do hereby make an application is	for a(n):
One (1) BedroomTwo (2) Bedroom Studio
Desired Date of Occupancy:	
Name of <u>ALL PERSONS</u> to occupy	Apartment:
(Each Applicant mu	st complete an Application]
PERSONAI	LINFORMATION
Applicant's Full Name:	
Applicant's Maiden Name or Other Name (if	applicable):
SS#:	DOB:
Home Phone:	
Cellular Phone:	
Country of Citizenship:	
Present Address:	
Do you rent or own?	
Do you own pets?	
Date you moved in:	Date you intend to move out:
Reason for moving:	
Landlord's Name, Address & Telepho	one Number:
B:\Forms & Policies\Human Resources\HousingForStaff\Le	easeApplicationApartment BR.docx

<u>Previous Address #2:</u>	
Date you moved in:	Date you moved out:
Reason for moving:	
Landlord's Name, Address & Tel	ephone Number:
Previous Address #3:	
Date you moved in:	Date you moved out:
Reason for moving:	
Landlord's Name, Address & Tel	ephone Number:
EMPL	OYMENT INFORMATION
PRESENT "Primary" Employer:	
Employed by:	
Address:	
Position:	
Supervisor	
Telephone Number:	
Length of Employment:	
Monthly NET Income:	
	* * * * * * * * * * * * * * * * * * *
Other Employment/Income (Secon	d Job):
Employed by:	
Address:	
Length of Employment:	
Monthly NET Income:	Monthly Hours:

Prev	ious Employ	er:					
Com	pany Name:_						
Add	dress:						
Nam							
Telep							_
Monthly NET Income:				Monthly Hours:			
			REI	FERENCES	}		
Pleas	se list three	(3) NON-FA	MILY and	NON-FRII	END referen	ces, <u>including</u> full nam	e,
addre	ess, telephone	number and	your relation	nship therew	ith. Do not in	clude landlords or bosse	es
ment	ioned above.						
1.							
2.							
3.							
List	vehicles (Lim						
,	Make	<u>Model</u>	<u>Color</u>	<u>Year</u>	<u>Plate#</u>	Loan Amount	
2							
041	D						
Otne	r Remarks:						
App	licant's Signa	ature				<u>_</u> _	

Information Request/ Release Form - Credit

Applicant Name:			
	First	Middle Initial	Last Name
Social Security #:		Date of Birth	
Current Address:			
	Street		
	City	State	Zip Code
oint Applicant:			
	First	Middle Initial	Last Name
Social Security #:		Date of Birth	
Current Address:	Street		
	City	State	Zip Code
Employer Name/Ad	dress:		
Employer Contact N	Name & Phone#:		
SIGNATURE of App	plicant:		
Joint Applicant (if a	pplicable):		
	**** please provide :	any previous California addresses*	***
Requested By:			