

APPLICATION TO RENT

THE UNDERSIGNED, UPON THE BASIS OF THE FOLLOWING STATEMENT, MAKES APPLICATION TO RENT HOUSING ACCOMMODATIONS LOCATED AT **173 STREAMWOOD, IRVINE, CA.**

NAME: _____ S.S.# _____ / _____ / _____ DATE OF BIRTH _____

NAME: _____ S.S.# _____ / _____ / _____ DATE OF BIRTH _____

PRESENT ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ LENGTH OF RESIDENCE: _____ OWN OR RENT: _____ MONTHLY PAYMENT \$ _____

NAME OF LANDLORD: _____ ADDRESS: _____ PHONE: _____

REASON FOR VACATING: _____

PREVIOUS ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF LANDLORD: _____ ADDRESS: _____ PHONE: _____

REASON FOR VACATING: _____

NUMBER OF DEPENDENTS: _____ AGE OF EACH DEPENDENT: _____ DO YOU HAVE ANY PETS? _____

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY: _____ PHONE: _____

EMPLOYER: _____ ADDRESS: _____ PHONE: _____

POSITION: _____ HOW LONG WITH COMPANY? _____ MONTHLY INCOME: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____ PHONE: _____

SPOUSE'S EMPLOYER: _____ ADDRESS: _____ PHONE: _____

POSITION: _____ HOW LONG WITH COMPANY? _____ MONTHLY INCOME: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____ PHONE: _____

MAKE OF AUTO: _____ YEAR: _____ LICENSE #: _____ DRIVERS LICENSE #: _____

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HAVE YOU EVER HAD JUDGEMENTS, LIENS, REPOSSESSIONS OR FILED FOR BANKRUPTCY? _____ YEAR: _____

BANK: _____ ADDRESS: _____ ACCOUNT #: _____

CREDIT REFERENCES

<u>COMPANY NAME</u>	<u>ACCOUNT #</u>	<u>MONTHLY PAYMENTS</u>	<u>BALANCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANTS REPRESENT THAT STATEMENTS ABOVE ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF REFERENCES GIVEN AND CREDIT CHECK:

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF CO-APPLICANT: _____ DATE: _____

SEND COMPLETED FORM TO JEFF LENNING

- Via fax #: (949) 468-3991
- Via email: app@173streamwood.com

For questions:

- PHONE #: (562) 430-5716 x101 (JEFF)