

RENTAL APPLICATION

(OFFICE USE ONLY)	
DATE RECEIVED:	
WAITING LIST #	

PROPERTY NAME:						
Please provide us with complete in delay the processing of your Rental					•	information will only
			<u>APPLICANT</u>			
Name:						
Address		City		Sate		Zip
Home Phone:			Other	Phone:		
Please list ALL OCCUPANTS	including r	ninors wh	no will comprise the necessary).	household of the	unit. (Use addi	tional paper if
NAME	DATE OF BIRTH	SEX	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DRIVERS LIC. OR ID STATE ISSUED	LICENSE or ID NUMBER
TOTAL NUMBER OF OCCUPANTS:	 					
Please provide information f household members. (Use ad		your res			r <u>s.</u> Fill in bla	inks for all adult
PRESENT LANDLORD/MANAGER:						
LANDLORD PHONE #:			FAX #:			
RENTED UNIT FROM:	TO:			CURENT RENT:		
REASON FOR LEAVING:						



3355 E. Gage Avenue, Huntington Park, CA 90255 TEL: (323) 582-6090 FAX: (323) 582-5957



*********	*********	********	*********	*********	******	*******
PREVIOUS LANDLORD/MA	ANAGER:					
				NAME		
LANDLORD PHONE #:	#: FAX #					
APPLICANT'S PREVIOUS A	DDRESS:					
RENTED UNIT FROM:		TO:		RENT AMOUNT:		
	MO/YR		MO/YR			
**************************************	************* ANAGER:	******	*******	**********	*******	*******
				NAME		
LANDLORD PHONE #:				FAX #		
APPLICANT'S PREVIOUS A	DDRESS:					
RENTED UNIT FROM:		TO:		RENT AMOUNT:		
	MO/YR		MO/YR			
	************ ^\\^GFR:			********	*******	*********
THE VIOUS EANDEOND/ WIF	ANAGEN.			NAME		
I ANDI ORD PHONE #:				FAX#		
NENTED ONIT THOM.	MO/YR	10	MO/YR	RENT AMOUNT:		
*********	******			**********	******	*******
			CREDIT REFER	ENCES		
(Credit Cards, Auto Loans	and other Len	ders)				
CREDITOR	ADDRE	SS		PHONE	OPEN	CLOSED
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					

INCOME INCOME FROM EMPLOYMENT

For each type of income that your household receives, give the source of that income and the amount of income that can be expected from that source. <u>INCLUDE ALL EMPLOYMENT INCOME</u> FOR <u>ALL MEMBERS OF THE HOUSEHOLD</u>. (Use additional paper if necessary).

HOUSEHOLD MEMBERS NAME	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE #	GROSS WAGES PAID PER MONTH
10 1012		TELEPHONE #	¢
			٠ ۲
			\$
			\$
			\$

ASSETS AND INCOME FROM INVESTMENTS

For each household member list assets and income from all investments (i.e. Checking Accounts, Savings Accounts, Stocks, Bonds, Trusts, Money Markets, Certificates of Deposits and Treasury Bills).

HOUSEHOLD MEMBERS NAME	ASSET DESCRIPTION (Savings, Checking, CD, Trust, etc.)	ACCOUNT #	TOTAL ASSET VALUE	INTEREST RATE
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

OTHER INCOME

For each household member list other income, (i.e. Social Security, SSI, Disability Payments, Rental Income, Mortgage Note Income, VA Benefits, Insurance Benefits, Pensions, AFDC, Alimony, etc.)

HOUSEHOLD MEMBER NAME	SOURCE OF PAYMENTS	GROSS MONTHLY AMOUNT
		\$
		\$
		\$
		\$

EMERGEN	ICY CONTACT					
Name:		Address:	Address:			
Relationship:		Phone #:	Phone #:			
VEHICLES: (Operable automobiles including trucks, vans and motorcycles)						
Year:	Make:	Model:	Color:	License #:	State:	
Year:	Make:	Model:	Color:	License #:	State:	

ADDITIONAL INFORMATION (YES answers will NOT necessarily disqualify approximation)	oplicant) PLEASE CIRCLE	: YES OR	NO
Have you ever had any credit problems?		YES	NO
2. Have you ever been evicted or had legal action brought against you? .		YES	NO
3. Have you ever filed bankruptcy?		YES	NO
4. Have you ever been convicted of a felony? (If your answer is yes, pleas	se explain on a separate paper)	YES	NO
5. Do you have any pets? (If yes, please describe them and how many or	a separate sheet of paper)	YES	NO
6. Will you be using any water filled furniture in your residence?		YES	NO
7. Is there an need for an accessible unit?		YES	NO
HOW DID VOLLLIEAD ABOUT LICE			
HOW DID YOU HEAR ABOUT US?			
Community Organization Name: Newspaper Name:			
Employment Name:			
Referred by a resident in the Building? Who?	Other		
imited to, the obtaining of a credit report, and agrees to furnish additional authorized to obtain a credit report now and in the future. In connection with my/our application for rent, I/we understand that back other members of my household, including consumer, criminal, sex offend information will be requested from various federal, state and other agencic concerning my/our past activities, and other members of my household, read-ove mentioned information and any other information related thereto. Including the information in accordance here were also all requesters and suppliers of information in accordance here were well as a polication to rent housing accommodations. Lease/Rental Agreement and to pay sums due, including requested depositive certify the above information is correct and complete to the best of more mation given will be verified. Restrictions on assistance to students enrolled in an institution	ground inquires will be made on rer status, driving and other repores and entities, public and private elating to driving, credit, criminal aish completely and without limita. Further, I/We will release from liar erewith. and upon approval of the applicants before occupancy. my/our knowledge and belief. I/W	myself/oursets. I/We under which made and civil expension, any and ability and wastion agree to the second	selves, and nderstand that aintain records periences. nd all of the will defend and to sign a
No assistance shall be provided under Section 8 of the 1937 Act to a	_		
		ofinad un	dorcostion
		enneu und	del section
102 of the Higher Education Act of	1905),		
• Is under 24 years of age;			
 Is not a veteran of the United State 	es military;		
Is unmarried;			
 Does not have a dependent child; a 	and		
 Is otherwise individually eligible, or 	has parents who, individually	or jointly,	are not
eligible on the basis income to rece			
Ŭ			
ALL ADULTS 18 YEARS OD AGE AND O	LDER MUST SIGN BELOW		
	0		
SIGNATURE OF APPLICANT:	DATE:		
SIGNATURE OF CO-APPLICANT:	DATE:		
SOLUTIONS OF COMMERCIAL STREET	DAIL:		
SIGNATURE OF CO-APPLICANT:	DATE:		
SIGNATURE OF CO-APPLICANT:	DΔTF·		

DATE: _____

SIGNATURE OF CO-APPLICANT: