

4525 TEXAS APARTMENTS APPLICATION TO RENT

Individual applications required from each occupant 18 years of age or older, with all sections completed.

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	EXPIRATION DATE	WORK PHONE NUMBER	HOME PHONE NUMBER		
				()	()		
1.) PRESENT ADDRESS				CITY	STATE	ZIP CODE	
DATE IN	DATE OUT	OWNER/MGR NAME			OWNER/MGR PHONE NUMBER		
				()			
REASON FOR MOVING							
2.) PREVIOUS ADDRESS				CITY	STATE	ZIP CODE	
DATE IN	DATE OUT	OWNER/MGR NAME			OWNER/MGR PHONE NUMBER		
				()			
REASON FOR MOVING							
3.) NEXT PREVIOUS ADDRESS				CITY	STATE	ZIP CODE	
DATE IN	DATE OUT	OWNER/MGR NAME			OWNER/MGR PHONE NUMBER		
				()			
REASON FOR MOVING							
LIST ALL PROPOSED OCCUPANTS IN ADDITION TO YOURSELF	NAME			NAME			
PRESENT EMPLOYER	SALARY	<input type="checkbox"/> WEEK	EMPLOYER NAME				
	\$	<input type="checkbox"/> MONTH					
HOW LONG WITH THIS EMPLOYER	PHONE NUMBER	EMPLOYER ADDRESS					
	()						
NAME OF YOUR SUPERVISOR	CITY	STATE	ZIP CODE				
PRIOR OCCUPATION	SALARY	<input type="checkbox"/> WEEK	EMPLOYER NAME				
	\$	<input type="checkbox"/> MONTH					
HOW LONG WITH THIS EMPLOYER	PHONE NUMBER	EMPLOYER ADDRESS					
	()						
NAME OF YOUR SUPERVISOR	CITY	STATE	ZIP CODE				
NAME OF YOUR BANK	BRANCH OR ADDRESS			ACCOUNT NUMBER			
				CHECKING			
				SAVINGS			
NAME OF CREDITOR	ADDRESS			PHONE NUMBER	MO. PMT. AMT.		
1.				()	\$		
2.				()	\$		
3.				()	\$		

IN CASE OF EMERGENCY, NOTIFY		RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()
IN CASE OF EMERGENCY, NOTIFY		RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()
PERSONAL REFERENCES	ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER				
1.				
2.				
3.				
MOTHER'S MAIDEN NAME: _____ WILL YOU HAVE PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE: _____				
LIQUID FILLED FURNITURE? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE: _____				
HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER USED OTHER NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, LIST _____				
AUTOMOBILE: MAKE _____ MODEL _____ YEAR _____ LICENSE NO. _____				
AUTOMOBILE: MAKE _____ MODEL _____ YEAR _____ LICENSE NO. _____				
<p>Applicant declares that all of the above statements are true and complete and hereby authorizes verification of items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. The undersigned makes application to rent housing accommodations designated as: Unit # _____ Located at 4524 Texas St., San Diego, CA 92116, the rental for which is \$_____ per month. Upon approval of this application, applicant agrees to sign a rental or lease agreement and to pay all sums due, including deposits, before occupancy. If applicant fails to answer any questions or gives false information, owner/agent may reject the application and terminate the applicant's right to consideration for occupancy.</p>				
Applicant _____				Date _____