## **Application to Rent**

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

Last Name		First Name	Middle Name		Social Security Number/TIN				
Date of Birth		DL/Identification Number	State Exp. Date		Home Phone Number				
Cell Phone Number		Work Phone Number	Vork Phone Number Email Address #1			Email Address #2			
Present Address	,	-	City		State	Zip			
Date In	Date Out	Owner/Manager Name			Owner/Man	nager Phone Numbe	er		
Monthly Rent		Reason for Moving					A CONTRACTOR OF THE PARTY OF TH		
Previous Address	S	City			State	Zip			
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number				
Monthly Rent Reason for Moving									
Prior Address		•	City		State	Zip			
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number				
Monthly Rent		Reason for Moving							
List All Proposed		Name	DOB		Name		***************************************	DOB	
Occupants in		Name	DOB	-	Name DOB		DOB		
Addition to Yourself Present Occupation		Salary/Income wee	k Employer/So	Employer/Source of Income			1		
		\$ mon							
Dates of Employment?		Phone Number	Employer Ad	Employer Address					
Name of your supervisor		Website	City	City State Zip					
Prior Occupation		Salary/Income wee \$ mon		Employer/Source of Income					
Dates of Employment?		Phone Number	Employer Address						
Name of your supervisor		Website	City		State Zip				
Applicant represents that the statements above and on the reverse of this form are true and correct and hereby authorizes verification of items including, but not limited to the obtaining of tenancy and credit reports and agrees to furnish additional credit references or other information upon request. Applicant certifies under penalty of perjury that the foregoing is true and correct, and authorizes LESSOR to obtain applicant's tenancy, credit and criminal history reports, and further authorizes LESSOR and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that LESSOR shall rely on the information provided herein, and that any material misstatement will at LESSOR's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction.  Applicant is applying for the premises located at 2000 W. Glen Oaks Ave									
City, State, Zip A	naheim, CA 🤉	92801 . Lesson	Manager Glen (	Daks ,	Apartme	ent Homes			
Date		Applicant	9 - 950 - 960						



Servings  Name of Creditor  Address  City State  Zip Code  Phone Number  Relationship  Relationship	Account Number		Name of Your Bank		Branch or Address						
Name of Creditor  Address   Phone Number   Mo. Pmt. Amt    Relationship  Address   City   State   Zip Code   Phone Number   Phone Number    Address   City   State   Zip Code   Phone Number    Address   City   State   Zip    Address   City   State   Zip	Checking										
1.	Savings										
2. In case of emergency, notify Relationship  Address City State Zip Code Phone Number  Personal References 1. Phone Number  2. Phone Number  2. Phone Number  2. Phone Number  Address City State Zip  2. Phone Number  3. City State Zip  2. Phone Number  Address City State Zip  Describe:  2. Phone Number  Address City State Zip  Describe:  Liquid filled furniture? Describe:  Have you ever filed bankruptcy? Describe:  Have you ever filed bankruptcy? Describe:  Have you ever lend other names? If so, list  Automobile:  Make Model Year License No. State  Applicant represents the statements above and on the reverse of this form are true and correct and hereby authorizes verification of items including, but and limited to the obtaining of tenancy and credit reports and agrees to furnish additional readit references or other information upone request. Applicant refines under penalty of pergript the through, and that any material misstatement will at LESSOR's option be a material and non-curable breach or large supercent retail agreement and grounds for immediate extinction, and that any material misstatement will at LESSOR's option be a material and non-curable breach or large supercent retail agreement and grounds for immediate extinone, and further authorizes.	Name of Creditor	Address		Phone Number		Mo. Pmt. Amt					
In case of emergency, notify  Address City State Zip Code Phone Number  Personal References 1.  Address City State Zip  Phone Number  Address City State Zip  Address City State Zip  Phone Number  Address City State Zip  Address City State	1.					\$					
Address City State Zip  2. City State Zip  2. Phone Number  City State Zip  3. City State Zip  3. Phone Number  Do you or any proposed occupant(s) smoke? Describe:	2.					\$					
Personal References  1. City State Zip  2. Phone Number  Address City State Zip  3. Phone Number  Address City State Zip  3. Phone Number  Address City State Zip  Do you or any proposed occupant(s) smoke? Describe:	In case of emergency, notify Relationship										
Address City State Zip  2. Phone Number  Address City State Zip  3. Phone Number  Address City State Zip  3. Phone Number  Address City State Zip  Describe:    Describe:	Address	City	State	Zip Code	Phone Number						
Address City State Zip  2. Phone Number  Address City State Zip  3. Phone Number  Address City State Zip  Do you or any proposed occupant(s) smoke? Describe:  Have you ever been party to a lawsuit? Describe:  Have you ever been party to a lawsuit? Describe:  Have you ever fled bankruptcy? Describe:  Have you ever been evicted or asked to move? Describe:  Have you ever used other names? If so, list  Automobile:  Make Model Year License No. State  Automobile:  Make Model Year License No. State  Applicant represents that the statements above and on the reverse of this form are true and correct and hereby authorizes verification of items including, but not limited to the totaning of temancy and credit reports and agrees to furnish additional credit references or other information upon request. Applicant certifies under penalty of perjury that the foregoing is true and convext, and authorizes LESSOR to obtain applicant's tenancy, credit and criminal history reports, and further authorizes LESSOR and live to me information provided herein, and on make further inaquity and eview as necessary. Applicant networks and greenent and grounds for immediate eviction.	Personal References				Phone Number						
Address City State Zip  3. Phone Number  Address City State Zip  Do you or any proposed occupant(s) smoke? Describe:	1.										
Address City State Zip  3. Phone Number  Address City State Zip  Do you or any proposed occupant(s) smoke? Describe:	Address		City	State	Zip	3					
Address City State Zip  Do you or any proposed occupant(s) smoke? Describe:	2.				Phone Number	3					
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