

# Community

Housing Management Services

## RENTAL APPLICATION

( OFFICE USE ONLY ) <b>DATE RECEIVED</b> _____
<b>WAIT LIST #</b> _____

**PROPERTY NAME:** \_\_\_\_\_

Thank you for applying to rent with us. Please provide us with complete information for each household member 18 years of age or older. Incomplete information will only delay the processing of your Rental Application. You will be required to provide proof of all information given.

### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Please list ALL OCCUPANTS including minors who will comprise the household of the unit. (Use additional paper if necessary)**

NAME	DATE OF BIRTH	SEX	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	Drivers	License or ID
					STATE ISSUED	NUMBER
			<i>APPLICANT</i>			
TOTAL NUMBER OF OCCUPANTS _____						

### RENTAL HISTORY

Please supply information for all of your residences for the past five (5) years. Fill in blanks for all adult household members. (Use additional paper if necessary).

**PRESENT LANDLORD /MANAGER** \_\_\_\_\_

LANDLORD PHONE # \_\_\_\_\_ NAME \_\_\_\_\_  
FAX # \_\_\_\_\_

RENTED UNIT FROM \_\_\_\_\_ TO \_\_\_\_\_ CURRENT RENT \$ \_\_\_\_\_  
MO/YR MO/YR

REASON FOR LEAVING \_\_\_\_\_

\*\*\*\*\*



**12881 W. 166<sup>th</sup> Street, Suite 150 Cerritos, Ca. 90703**  
**TEL. (562) 802-0740 FAX (562) 802-0741**



**PREVIOUS LANDLORD /MANAGER**

NAME \_\_\_\_\_

LANDLORD PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

APPLICANT'S PREVIOUS ADDRESS \_\_\_\_\_

RENTED UNIT FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT AMOUNT \$ \_\_\_\_\_  
MO/YR MO/YR

REASON FOR LEAVING \_\_\_\_\_

\*\*\*\*\*

**PRIOR LANDLORD /MANAGER**

NAME \_\_\_\_\_

LANDLORD PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

APPLICANT'S PRIOR ADDRESS \_\_\_\_\_

RENTED UNIT FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT AMOUNT \$ \_\_\_\_\_  
MO/YR MO/YR

REASON FOR LEAVING \_\_\_\_\_

\*\*\*\*\*

**PRIOR LANDLORD /MANAGER**

NAME \_\_\_\_\_

LANDLORD PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

APPLICANT'S PRIOR ADDRESS \_\_\_\_\_

RENTED UNIT FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT AMOUNT \$ \_\_\_\_\_  
MO/YR MO/YR

REASON FOR LEAVING \_\_\_\_\_

\*\*\*\*\*

**CREDIT REFERENCES**

(Credit Cards, Auto Loans, and other Lenders)

CREDITOR	ADDRESS	PHONE	OPEN	CLOSED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## 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. **INCLUDE ALL EMPLOYMENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD.** (Use additional paper as necessary).

HOUSEHOLD MEMBERS NAME	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE #	GROSS WAGES PAID PER MONTH
			\$
			\$
			\$
			\$

## 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
		\$
		\$
		\$
		\$

## EMERGENCY CONTACT

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ 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 applicant) PLEASE CIRCLE YES OR NO

- |   |     |    |
|---|-----|----|
| 1. 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, please explain on a separate paper)... | YES | NO |
| 5. Do you have any pets? (If yes, please describe them and how many on a separate sheet of paper).....      | YES | NO |
| 6. Will you be using any water filled furniture in your residence?.....                                     | YES | NO |
| 7. Is there a need for an accessible unit?.....   | YES | NO |

HOW DID YOU HEAR ABOUT US?

Community Organization? Name: \_\_\_\_\_  
Newspaper Name: \_\_\_\_\_  
Brochure? \_\_\_\_\_ Employment? \_\_\_\_\_ Signs on Building? \_\_\_\_\_  
Referred by a resident in the Building? Who? \_\_\_\_\_  
Other \_\_\_\_\_

Applicant(s) represent that all of the above statements are true and correct and hereby authorize their verification including, but not limited to, the obtaining of a credit report, and agrees to furnish additional credit references upon request. Owner/Agent is authorized to obtain a credit report now and in the future.

In connection with my/our application for rent, I/we understand that background inquiries will be made on myself/ourselves, and other members of my household, including consumer, criminal, sex offender status, driving and other reports. I/We understand that information will be requested from various federal, state and other agencies and entities, public and private, which maintain records concerning my/our past activities, and other members of my household, relating to driving, credit, criminal and civil experiences.

I/We authorize, without reservation, any part or agency contacted, to furnish completely and without limitation, any and all of the above mentioned information and any other information related thereto. Further, I/we will release from liability and will defend and hold harmless all requesters and suppliers of information in accordance herewith.

I/We, the undersigned make application to rent housing accommodations and upon approval of the application agree to sign a lease/rental agreement and to pay all sums due, including requested deposits before occupancy.

I/We certify the above information is correct and complete to the best of my/our knowledge and belief. I/We understand that the information given will be verified.

**Restrictions on assistance to students enrolled in an institution of higher education states:  
No assistance shall be provided under Section 8 of the 1937 Act to any individual who:**

- **Is enrolled as a student at an institution of higher education (as defined under section 102 of the Higher Education Act of 1965);**
- **Is under 24 years of age;**
- **Is not a veteran of the United States military;**
- **Is unmarried;**
- **Does not have a dependent child; and**
- **Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis income to receive assistance under section 8 of the 1937 Act.**

**ALL ADULTS 18 YEARS OF AGE AND OLDER MUST SIGN BELOW.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF CO-APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF CO-APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF CO-APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF CO-APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_