

# Continental Village Apartments

2700 South Azusa Avenue  
West Covina, California 91792  
(626) 964-9336

## RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE \_\_\_\_\_ AGENT \_\_\_\_\_

COMMUNITY \_\_\_\_\_

APT. NO. \_\_\_\_\_ RENT \_\_\_\_\_

### Notice: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent unit number \_\_\_\_\_ located at \_\_\_\_\_  
Beginning on \_\_\_\_\_ at a monthly rental rate of \$ \_\_\_\_\_

### PLEASE TELL US ABOUT YOURSELF

FULL NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Names of Other Occupants \_\_\_\_\_ Total Occupants \_\_\_\_\_

How Many Pets? \_\_\_\_\_ Kind of pet \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

### PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS( Beginning with the Most Current)

CURRENT ADDRESS \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Payments \_\_\_\_\_

PREVIOUS ADDRESS (If within 3 years) \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Payments \_\_\_\_\_

PREVIOUS ADDRESS (If within 3 years) \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Payments \_\_\_\_\_

### PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS:    Employed Full-Time    Employed Part-Time    Student    Retired    Not Employed

CURRENT EMPLOYER (Or Most Recent) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date(s) Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Gross Monthly Salary\$ \_\_\_\_\_ Household Gross Monthly Income \$ \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date(s) Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source, and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Phone \_\_\_\_\_

### PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S)	City-State/Branch	Account No. & Type	Telephone
1)			
2)			

YOUR CREDIT REFERENCES	City-State/Branch	Account No. & Type	Telephone
1)			
2)			

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_ State \_\_\_\_\_

Other Car, Motorcycle, etc. \_\_\_\_\_

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent?    Yes    No

Been evicted or asked to move out?    Yes    No    Broken a Rental Agreement or Lease?    Yes    No

Been sued for damage to rental property?    Yes    No    Declared Bankruptcy?    Yes    No

Please give any additional information that might help management evaluate your application:

How did you hear about our property? \_\_\_\_\_

If management has any questions about your application, please give phone numbers where you can be located:

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

IN CASE OF PERSONAL EMERGENCY, NOTIFY: _____	Relationship: _____
Full Address: _____	
Home Phone: _____	Work Phone: _____

I hereby apply to lease the above described premises for the term and upon the conditions above as set forth and agree that the rental is to be payable the \_\_\_\_\_ day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, \$ \_\_\_\_\_ of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ \_\_\_\_\_ as earnest money to be refunded to me if this application is not accepted within \_\_\_\_ business banking days. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. If so approved and accepted, I agree to execute a lease for \_\_\_\_\_ months before possession is given and to pay the balance of the security deposit within \_\_\_\_\_ business banking days after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant thereby waiving any claim for damages by reason of non-acceptance.

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORD(S), CREDIT AND PERSONAL REFERENCES THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT: PLEASE DO NOT WRITE BELOW**

PAYMENT OF \$ \_\_\_\_\_ RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION FORM RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

REFERENCE VERIFICATION NAME	REFERENCE COMMENTS

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS APPLICATION APPROVED NOT APPROVED  
BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

Applicant Notified By (Name) \_\_\_\_\_ Date Notified \_\_\_\_\_

Notified by: LETTER(Attach Copy) FORM TELEPHONE FAX IN PERSON