

TENANT APPLICATION

Instructions: EACH PERSON IN YOUR GROUP MUST FILL OUT AN APPLICATION FORM. Type in the fields below, print out and sign form. Please fax or mail to address above. Fax preferred for faster response.

Address # - 6625 Del Playa

Unit # - First Choice: _____ Second Choice: _____

Name: _____ Phone #: _____

Social Security #: _____ - _____ - _____ Driver's License #/State: _____ Current

Address: _____ Duration of Tenancy?

_____ Reason for Moving: _____ Landlord/Manager:

_____ Phone #: _____ Previous Address:

_____ Duration of Tenancy?

_____ Reason for Moving: _____ Landlord/Manager:

_____ Phone #: _____

Permanent Address: _____

Monthly Income: _____ Income Sources: _____ Name/Address of

Current Employer: _____

Supervisor Name/Title: _____ Phone #: _____ How long with employer?

_____ Position/Title? _____

Checking Account Balance: _____ Bank/Branch: _____

Savings Account Balance: _____ Bank/Branch: _____

1 Reference Name: _____ Relation: _____

Address: _____ Phone #: _____

2 Reference Name: _____ Relation: _____

Add Ph # Vehicle Make: _____ Model: _____ Year: _____ Plate #/State:

Proposed Roommates: _____

Name & Phone # of Group Contact Person: _____

I declare that the statements above are true and correct. I authorize verification of any information and references provided on this Tenant Application.

Signature: _____ Date: _____