# 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 |
|---|---|---|---|
| Date of Birth | Driver's License Number | State Exp.Date | Home Phone Number |
| Cell Phone Number ( ) | Work Phone Number ( ) | Email Address | |

| Present Address | City | State | Zip |
|---|---|---|---|
| Date In | Date Out | Owner/Manager Name | Owner/Manager Phone Number ( ) |
| Reason for Moving | | | |

| Previous Address | City | State | Zip |
|---|---|---|---|
| Date In | Date Out | Owner/Manager Name | Owner/Manager Phone Number ( ) |
| Reason for Moving | | | |

| Previous Address | City | State | Zip |
|---|---|---|---|
| Date In | Date Out | Owner/Manager Name | Owner/Manager Phone Number ( ) |
| Reason for Moving | | | |

| List All Proposed Occupants in Addition to Yourself | Name | DOB | Name | DOB |
|---|---|---|---|---|
| | Name | DOB | Name | DOB |

| Present Occupation | Salary $ ☐ week ☐ month | Employer Name |
|---|---|---|
| How long with this employer? | Phone Number ( ) | Employer Address |
| Name of your supervisor | | City State Zip |
| Prior Occupation | Salary $ ☐ week ☐ month | Employer Name |
| How long with this employer? | Phone Number ( ) | Employer Address |
| Name of your supervisor | | 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 owner or his agents to obtain applicant's tenancy, credit and criminal history reports, and further authorizes owner and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that owner shall rely on the information provided herein, and that any material misstatement will at owner's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction.

Date _____ Applicant_____

Page Select

| Account Number | Name of Your Bank | Branch or Address |
|---|---|---|
| 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 ( )

| Personal References | Phone Number |
|---|---|
| 1. | ( ) |
| Address City State Zip | |
| 2. | ( ) |
| Address City State Zip | |
| 3. | ( ) |
| Address City State Zip | |

Mother's maiden name: _____ Will you have pets? _____ Describe: _____

Liquid filled furniture? ____ Describe: _____ Have you ever filed bankruptcy? _____

Have you ever been evicted or asked to move? (describe) _____

Have you ever been convicted of a crime against persons or property? (describe) _____

Have you ever used other names? _____ If so, list _____

Automobile: Make _____ Model _____ Year _____ License No. _____

Automobile: Make _____ Model _____ Year _____ License No. _____

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Date _____ Applicant_____

*Form Provided by the Apartment Association of Orange County*
*For Membership Information or to Order Forms Call (714) 638-5550*
*or Visit our Website at www.aaoc.com*
*Form 160.4 © 2008 (Revised 1/08)*

**(OVER)**



Apartment Association OF ORANGE COUNTY

EQUAL HOUSING OPPORTUNITY