

RENTAL APPLICATION FOR LAS FLORES APARTMENTS

Date \_\_\_\_\_

Name _____	Date of Birth _____
SSN _____	Driver License # _____ State _____
Spouse/Roommate Name _____	Date of Birth _____
SSN _____	Driver License # _____ State _____

Employer _____	Address _____	No. Years _____
Position _____	Salary _____	Supervisor _____ Phone _____
Previous Employer _____	Address _____	No. Years _____
Position _____	Salary _____	Supervisor _____ Phone _____
Spouse's Employer _____	Address _____	No. years _____
Position _____	Salary _____	Supervisor _____ Phone _____

Present Address _____	Present Phone No. _____
No. of years _____	Owner/Manager _____ Manager Phone No. _____
Previous Address _____	Present Phone No. _____
No. of years _____	Owner/Manager _____ Manager Phone No. _____
Previous Address _____	Present Phone No. _____
No. of years _____	Owner/Manager _____ Manager Phone No. _____

Size of Apt. desired: 1BR 2BR Date of occupancy \_\_\_\_\_ Minimum occupancy expected \_\_\_\_\_

Names of other occupants: (All persons occupying premises must be listed.)

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

How many autos (including company cars) would you keep at this address? \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License No./State \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License No./State \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License No./State \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ If so, indicate kind, weight, breed, and age \_\_\_\_\_

Do you have a waterbed? Yes No Do you have waterbed insurance? Yes No

If yes, with whom? \_\_\_\_\_

Have you or your spouse/roommate ever:

Broken a lease or been evicted from any type of housing? Yes No

Declared Bankruptcy? Yes No Used illegal drugs? Yes No

Are you or your spouse/roommate currently serving probation? Yes No

Explain \_\_\_\_\_

REFERENCES	ACCOUNT #:	NAME & ADDRESS OF LENDING INSTITUTION
Checking Account _____	_____	_____
Savings Account _____	_____	_____
Credit Card _____	_____	_____
Open Account _____	_____	_____
Personal Account _____	_____	_____
Personal Account _____	_____	_____
Person to Contact in case of an emergency: _____		

This application and the contents thereof are represented, by me, to be accurate and complete.

SIGNATURE \_\_\_\_\_ SPOUSE/ROOMMATE SIGNATURE \_\_\_\_\_