

# 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/TIN			
Date of Birth		DL/Identification Number		State Exp. Date		Home Phone Number			
Cell Phone Number		Work Phone Number		Email Address #1		Email Address #2			
Present Address				City		State Zip			
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number				
Monthly Rent		Reason for Moving							
Previous Address				City		State Zip			
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number				
Monthly Rent		Reason for Moving							
Prior Address				City		State Zip			
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number				
Monthly Rent		Reason for Moving							
List All Proposed Occupants in Addition to Yourself		Name		DOB		Name		DOB	
		Name		DOB		Name		DOB	
Present Occupation		Salary/Income \$		week month		Employer/Source of Income			
Dates of Employment?		Phone Number			Employer Address				
Name of your supervisor		Website			City		State		Zip
Prior Occupation		Salary/Income \$		week month		Employer/Source of Income			
Dates of Employment?		Phone Number			Employer Address				
Name of your supervisor		Website			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 LESSOR to obtain applicant's tenancy, credit and criminal history reports, and further authorizes LESSOR and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that LESSOR shall rely on the information provided herein, and that any material misstatement will at LESSOR's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction.

Applicant is applying for the premises located at 6155 Palm Ave. Unit # \_\_\_\_\_  
 City, State, Zip San Bernardino, CA 92407 . Lessor/Manager Cresthaven Apartment Homes, LLC  
 Date \_\_\_\_\_ Applicant \_\_\_\_\_



Account Number		Name of Your Bank		Branch or Address	
Checking					
Savings					
Name of Creditor	Address		Phone Number		Mo. Pmt. Amt
1.					\$
2.					\$
In case of emergency, notify			Relationship		
Address		City	State	Zip Code	Phone Number
Personal References				Phone Number	
1.					
Address		City	State	Zip	
2.				Phone Number	
Address		City	State	Zip	
3.				Phone Number	
Address		City	State	Zip	
Do you or any proposed occupant(s) smoke? _____ Describe: _____					
Have you ever been party to a lawsuit? _____ Describe: _____					
Liquid filled furniture? _____ Describe: _____					
Have you ever filed bankruptcy? _____ Describe: _____					
Will you have animals? _____ Describe: _____					
Have you ever been evicted or asked to move? _____ Describe: _____					
Have you ever used other names? _____ If so, list _____					
Automobile:					
Make _____		Model _____		Year _____ License No. _____ State _____	
Automobile:					
Make _____		Model _____		Year _____ License No. _____ State _____	
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Date _____		Applicant _____			

