



APPLICATION TO LEASE

The following must be completed in its entirety and verified prior to consideration for occupancy.

PLEASE PRINT

For Office Use Only	
Property Name	
Apt. #	Apt. Type
Move-in Date:	Rent:

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
Drivers License # & State	Social Security Number	Birthdate (for credit checking purposes only)
Current Phone #	Cell phone #	E-mail address
Names of others who will occupy apartment:		

RESIDENTIAL HISTORY

Current address (Number, Street, City, Zip)		If apartment, name of complex
		Dates of Residency
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	House <input type="checkbox"/>
Apartment <input type="checkbox"/>	Room <input type="checkbox"/>	
To whom do you make payments? Name:		Monthly payment \$
Address		Phone # ()
City	State	Zip

Previous address (Number, Street, City, Zip)		If apartment, name of complex
		Dates of Residency
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	House <input type="checkbox"/>
Apartment <input type="checkbox"/>	Room <input type="checkbox"/>	
To whom did you make payments? Name:		Monthly payment \$
Address		Phone # ()
City	State	Zip

EMPLOYMENT/INCOME

Current Employer Self Employed <input type="checkbox"/>	Dates of Employment	
Address	From:	To:
City State Zip	Phone # ()	
Type of business	Position	Income \$
		Annually
		Monthly

Previous Employer Self Employed <input type="checkbox"/>	Dates of Employment	
Address	From:	To:
City State Zip	Phone # ()	
Type of business	Position	Income \$
		Annually
		Monthly

Other verifiable income (if needed to qualify)	Description
\$	
\$	
\$	

FINANCIAL

Checking: Bank and branch	Acct. #	Balance \$
Savings: Bank and branch	Acct. #	Balance \$
Other Assets (if needed to qualify)		
Have you ever filed bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when: _____		If yes, date of discharge
County and state where filed: _____		
Have you ever had any suits, liens, judgments, evictions or repossessions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe: _____	County and State : _____	What year? _____
Describe: _____	County and State : _____	What year? _____
Describe: _____	County and State : _____	What year? _____
Describe: _____	County and State : _____	What year? _____
Describe: _____	County and State : _____	What year? _____

CURRENT FINANCIAL OBLIGATIONS (Please list ALL monthly payments)

Name	Address	Account Type	Amount \$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

VEHICLES

How many vehicles do you own? _____ (cars, trucks)	Make _____	Year _____	License # _____
	Make _____	Year _____	License # _____
	Make _____	Year _____	License # _____
	Make _____	Year _____	License # _____

PARKING OF RECREATION VEHICLES, BOATS, TRAILERS OR COMMERCIAL VEHICLES ON THE PROPERTY IS PROHIBITED UNLESS DESIGNATED AREA IS PROVIDED.

This application is made for the purpose of procuring rental of the herein described premises, and for credit clearance. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit, employment and residence history and to answer questions about my credit experience with you.

I hereby agree to release and hold harmless Anza Management Company, its agents and employees from any and all liability, legal proceedings and costs including attorney's fees arising out of either the verification of the information contained on this application form or the release of this information to other parties. All of the above data and information set forth herein including, but not limited to the statement of my assets, income and financial condition is warranted to be true and accurate and to fully and correctly state my financial conditions as of the date of this application. I also covenant and agree to notify you of any changes in the status of any of the aforementioned items during the period of my tenancy.

Applicant's Signature

Date

STAFF MEMBER SIGNATURE:
