



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 | | Are you over 18? | |
| 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 | |
| | | | | From: | |
| Address | | | | To: | |
| City | | State | | Zip | |
| | | | | Phone # () | |
| Type of business | | Position | | Income | |
| | | | | \$ | |
| | | | | Annually | |
| | | | | Monthly | |

| | | | | | |
|-------------------|--|----------------------------------------|--|---------------------|--|
| Previous Employer | | Self Employed <input type="checkbox"/> | | Dates of Employment | |
| | | | | From: | |
| Address | | | | 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: _____