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	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 22501 Chase Unit #_____

City, State, Zip Aliso Viejo, CA 92656. Lessor/Manager Aventine Apartments, LLC

Date _____ Applicant _____

Apartment Association OF ORANGE COUNTY
EQUAL HOUSING OPPORTUNITY

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_____

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Make _____ Model _____ Year _____ License No. _____ State_____

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Date _____ Applicant _____