Application to Rent

Individual application required from each occupant 18 years of age or older, with all sections completed.

Last Name		First Name	Mic	ddle Name	Social Security Number/TIN				
Date of Birth		DL/Identification Number	Stat	te Exp. Date	Home Phone Number				
Cell Phone Number		Work Phone Number	Em	ail Address #1		Email Address #2			
Present Address			City	у	State	Zip			
Date In	Date Out	Owner/Manager Name			Owner/Mar	nager Phone Number			
Monthly Rent		Reason for Moving							
Previous Address	S	City			State	Zip			
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number				
Monthly Rent		Reason for Moving			L				
Prior Address			City	y	State	Zip			
Date In	Date Out	Owner/Manager Name			Owner/Ma	nager Phone Number			
Monthly Rent Reason for Moving									
List All Proposed		Name		DOB	Name	The state of the s	DOB		
Occupants in Addition to Yourself		Name		DOB	Name		DÓB		
Present Occupation		Salary/Income wee \$ more	1000	Employer/Source of Income					
Dates of Employment?		Phone Number		Employer Address					
Name of your supervisor		Website		City State Zip					
Prior Occupation		Salary/Income wee \$ more	1000	Employer/Source of Income					
Dates of Employment?		Phone Number		Employer Address					
Name of your supervisor		Website City		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 Lessor/Manager Lessor/Manage									
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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	3				
Address		City	State	Zip					
3.				Phone Number					
Address		City	State	Zip					
Do you or any managed a compant(a) amplies 2. December 2.									
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 used other names? If so, list									
Automobile:									
Make	Model	Year	License N	0	State				
Automobile:									
Make	Model	Year	License N	0	State				
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Date	Applicant								



