

LOS FELIZ CLUB APARTMENTS

RENTAL APPLICATION (PLEASE PRINT CLEARLY) BE AS COMPLETE AS POSSIBLE

Incomplete applications will be disqualified.

Print this page, when completed, fax to (323) 661-3188

Full Name of Applicant _____

Desired move in date: _____ Home Phone _____ Cell Phone _____

Other Name(s) used within last 3 years: _____

Names and Age of other Occupants: _____

E-Mail Address(s) _____

If applicant cancels after payment of security deposit a cancellation fee equal to the security deposit will be charged. The security deposit will not be returned. All payments prior to move-in must be made by money order, cashier's or certified check only. Including first months rent and all deposits.

Present Address _____ City _____ State _____ Zip _____

How long? _____ Reason for leaving: _____

Name and Address of Landlord: _____ Telephone _____

Previous Address _____ City _____ State _____ Zip _____

(Prior 3 years: Use back of application if necessary to provide all addresses and landlord contact info for last three years)

How long? _____ Reason for leaving: _____

Name and Address of Landlord: _____ Telephone _____

Applicant	
Social Security # _____ - _____ - _____	Birth Date (Mo-Day-Yr) _____
Drivers License # _____	State _____ Expiration Date _____
Present Employer: _____	How long: _____ Telephone _____
Address: _____	City: _____ State: _____ Zip: _____
Employed as (Position): _____	Salary: \$ _____ (Hour, Week, Month, Year)

Other Income: \$ _____ Source: _____

IN CASE OF EMERGENCY:

Person to Contact _____ Relationship: _____ Telephone _____

Address: _____ City: _____ Zip: _____

Have you ever had an eviction or credit problem? (If answer is yes, please, explain. Use back or a separate piece of paper if needed.)

No _____ Yes _____

AUTHORIZATION TO VERIFY INFORMATION

I authorize Landlord or his Authorized Agents to verify the above information, including but not limited to obtaining a Credit Report and if this Application is accepted I agree to execute the lease agreement.

Date: _____ Applicant's Signature: _____

\$ _____ RENT \$ _____ SECURITY DEPOSIT (O.A.C.) \$50.00 REMOTE CONTROL DEPOSIT (EACH)
ONE (1) YEAR LEASE REQUIRED. ALL TERMS ARE SUBJECT TO APPROVAL OF APPLICATION.
IF YOU WISH TO PROVIDE YOUR OWN REFRIGERATOR, PLEASE, INITIAL HERE _____