EXLNT Property Management – Application Instructions

11652 E. Rosecrans Ave., Norwalk, CA 90650

Phone: (562) 868-0986 / Fax: (562) 868-4943

- 1. Each adult needs to fill out a **separate application** (spouses can use one application)
- 2. Fill out **entire** application, including date and signature
- 3. All working adults need to provide a recent pay check stub
- 4. All working adults need to have been **employed for the past six** months
- 5. All adults (over 18 years old) need to provide a copy of a **driver's** license or California identification card
- 6. All adults (over 18 years old) need to provide a copy of their **social** security card
- 7. Please attach \$25.00 (non-refundable screening fee) for each adult for credit and eviction check
- 8. Return completed application, other required documents, and necessary fees to our office

THANK YOU

EXLNT Property Management – Application to Rent

PERSONAL HISTORY Name ______ DOB _____ Social Security # _____ Driver's License # _____ _____ DOB _____ Social Security # _____ Driver's License # ____ Spouse ___ Work Phone _____ Email Address ____ Home Phone Is there any other name or nickname that will be necessary for us to check your credit references? Yes ____ No ___ **Other Occupants** Relationship Age Have you ever filed bankruptcy? Yes ____ No ____ Describe (include when) _____ Have you ever been convicted of a felony? Yes ____ No ___ Describe (include when) ____ Do you have any pets? Yes ____ No ___ How many? ____ Describe ____ Will you be using any liquid-filled furniture (including aquariums) in you residence? Yes ____ No ____ Describe __ EMPLOYMENT AND INCOME INFORMATION Current Gross Income _____ (check one) per week ___ per month ___ Spouse's Current Gross Income _____ (check one) per week ___ per month ____ Current Prior **Spouse Current Spouse Prior** Occupation **Employer Name** Employer Phone # **Employer Address** Supervisor **RENTAL HISTORY** (last three places of residence) Rent Owner/Manager Address Phone # From - To Dates **Reason For Leaving**

Name of Bank		Checking or Savings?	Account Number		Balance
Payment To		Monthly Payment		Account Number	
	1 /				
	1	D EMERGENCY C	1		
Name	Fı	ıll Address	Phone #	Relationship	Contact in emergency
EHICLES		0 10			
Make	Model	Year		Color	License Plate #
					, V
_		housing accommodations	_		
e rental for which is to pay all the sums	\$ p due, including the	per month and upon appro- required deposits before o	val of this applic ccupancy.	ation agrees to sign	a rental or lease agreeme
e expected move-in	date is				
	thorizes verification	e information is true and on of the above items includequest.			
e declare under pena	alty of perjury that	all of the above information	on is true and con	rrect to the best of m	y ability.
te	Time	Applicant Signatur	e		