



RENTAL APPLICATION AND DEPOSIT RECEIPT

(All selections must be completed) Individual applications required from each proposed occupant 18 years of age or older

23717 So. Hawthorne Blvd. 3rd Floor
Torrance, CA 90505 TELEPHONE:
(310) 373-9382 FAX: (310)
791-0576

How did you hear about this apartment building? Newspaper, flyer, sign, internet, etc.?

Name: _____ Email: _____
Last First Middle Mobile: (____) _____
Social Security #: _____ Driver's Lic and State: _____ Birth date _____
Mo/Day/Yr

LIST ALL ADDITIONAL OCCUPANTS WHO WILL RESIDE IN UNIT

Name: _____ Birth date: _____ Name: _____ Birth date: _____

RENTAL HISTORY

1. Current
Address: _____
Street Unit# City State Zip
How Long? From (Month/Year): _____ To: _____ Rent Paid: _____
Owner/Manager: _____ Tel: _____ Reason for leaving: _____

2. Previous

Address: _____
Street Unit# City State Zip
How Long? From (Month/Year): _____ To: _____ Rent Paid: _____
Owner/Manager: _____ Tel: _____ Reason for leaving: _____

CURRENT EMPLOYMENT

Company Name: _____ Address: _____
Phone: _____ Occupation: _____ Monthly Salary: \$ _____
Name of Supervisor: _____ Dates of Employment-From: _____ To: _____

PREVIOUS EMPLOYMENT

Company Name: _____ Address: _____
Phone: _____ Occupation: _____ Monthly Salary: \$ _____
Name of Supervisor: _____ Dates of Employment-From: _____ To: _____

BANKING INFORMATION

Name of Bank/S&L/Credit Union: _____ Branch Address: _____
Checking #: _____ Approx. Bal. _____ Savings #: _____ Approx. Bal. _____

CREDIT REFERENCES (Open & Closed)

NAME OF COMPANY & ADDRESS	ACCT. NO.	DATE OPEN	HIGH CREDIT	MO. PAYMENTS	BALANCE

EMERGENCY CONTACT

Name: _____ Address: _____
Relationship: _____ Phone: (____) _____

VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)

Year: _____ Make: _____ Model _____ Color: _____ License#: _____ State: _____
Year: _____ Make: _____ Model _____ Color: _____ License#: _____ State: _____

ADDITIONAL INFORMATION

- 1. Have you ever had any credit problems? Yes No
- 2. Have you ever had an unlawful detainer filed against you? Yes No
- 3. Have you ever been evicted for non-payment of rent or for any other reason? Yes No
- 4. Have you ever filed for bankruptcy? Yes No
- 5. Have you ever been convicted of a felony? Yes No If yes, What _____ When _____
- 6. Do you have any pets? Yes No If yes, How many _____ Describe _____
- 7. Will you be using any water-filled furniture in your residence? Yes No
- 8. Have you ever used any other names? Yes No If yes, How many _____ List: _____
- 9. Do you receive income other than salary? Yes No If yes, Source? _____ Amt: _____

Applicant represents that all of the above statements are true and correct and hereby authorizes their verification including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references on request. Owner/Agent is authorized to obtain a credit report, now and in the future, as evidenced by signing below. Applicant expressly authorizes Landlord to contact all persons or firms named as references, former landlords and employers to verify the contents of this Application.

The undersigned Landlord or Agent hereby acknowledges receipt from the undersigned applicant a deposit to secure the rental of the accommodations identified below.

It is understood that this deposit is accepted subject to vacation of the premises by present occupants, if any, and also subject to Landlord's final approval of Applicant after investigation of references. In the absence of such approval or vacation of the premises, applicant agrees to accept the return of the said deposit in full satisfaction of any claim he/she may have by reason of the said deposit or rental application/agreement and the said rental application/agreement shall be deemed to be canceled thereby.

In the event of final approval by the Landlord and the vacation of the premises by the present tenants, if any, the amount of this deposit shall be applied to the first month's rental. If Applicant does not appear to claim the accommodations, make all payments required, and complete any other agreed arrangements within 3 days after notification of approval, the said deposit is to be retained by the Landlord as liquidated damages and Applicant waives all right to occupancy. Landlord may thereafter immediately rent the accommodations to another party without notice to Applicant.

The undersigned makes application to rent housing accommodations designated as:

Apt. No. _____ Located at: _____
The rental for which is \$ _____ per month, rental to begin _____, 20 _____. Upon approval of this application applicant(s) agrees to sign rental agreement and to make all payments due before occupancy.

LANDLORD/AGENT
MABRY MANAGEMENT CO., INC.

DATED: _____

By: _____

Applicant: _____

ACCT NUMBER _____
APT. _____
NAME _____

RENT
SEC DEP
OTHER
TOTAL
LESS DEP.
BAL DUE