

Contact:

Office Phone: 323-651-1000

Fax: 323-651-0932

Email: leasing@wilshireskyline.com

Please notify the office once you send the application to confirm receipt.

www.wilshireskyline.com



1 Name: _____ Social Security #: _____
LAST FIRST MIDDLE

2 Driver's Lic./ID #: _____ State _____ Birthdate _____
MONTH — DAY — YEAR

3 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

CURRENT

Address: _____
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt. \$ _____

Owner/Manager _____ Tel: _____ Reason for Leaving _____

4 PREVIOUS

Address: _____
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt. \$ _____

Owner/Manager _____ Tel: _____ Reason for Leaving _____

5 SECOND PREVIOUS

Address: _____
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt. \$ _____

Owner/Manager _____ Tel: _____ Reason for Leaving _____

CURRENT EMPLOYMENT

Company Name _____ Address _____

Company Phone _____ Occupation/Position _____ Type of Business _____

Name of Supervisor _____ Dates of Employment - From: _____ To: _____ Monthly Salary _____

PREVIOUS EMPLOYMENT

Company Name _____ Address _____

Phone _____ Occupation/Position _____ Type of Business _____

Name of Supervisor _____ Dates of Employment - From: _____ To: _____ Monthly Salary _____

WHEN DO YOU PLAN TO MOVE IN? Date: _____

Applicant represents that statements made are true and correct and hereby authorizes owner's periodic verification of credit, income and references to include but not limited to credit, unlawful detainer and bounced check checks and agrees to furnish additional credit references on request. Applicant agrees to pay for said verification via check made payable to the Apartment Association of Greater Los Angeles, which check shall accompany this Application. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If applicant's check is returned "NSF", owner shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. _____ at _____

for \$ _____ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ _____ and a security deposit in the amount of \$ _____.

Applicant Signature _____ Date _____

LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT - Please put "F" for full time or "P" for part time after each name.

If this box is checked there shall be no additional occupant(s).

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

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 bankruptcy? Yes No
5. Have you ever been convicted of a felony. Yes No
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
If Yes, do you have insurance coverage? Yes No
8. Do you have any musical instruments? Yes No If yes, what kind _____
9. Do you smoke? Yes No Does any other proposed occupant smoke? Yes No
10. Please explain any "YES" answers. _____

BANKING INFORMATION

Name of Bank/S&L/Credit Union _____ Branch or Address _____

Checking #: _____ Approx. Bal. _____ Savings #: _____ Approx. Bal. _____

Name of Bank/S&L/Credit Union _____ Branch or Address _____

Checking #: _____ Approx. Bal. _____ Savings #: _____ Approx. Bal. _____

Other sources of income _____

CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)

Company Name _____ Address/City: _____

Account #: _____ Present Balance _____ Monthly Payment: _____

Company Name _____ Address/City: _____

Account #: _____ Present Balance _____ Monthly Payment: _____

Company Name _____ Address/City: _____

Account #: _____ Present Balance _____ Monthly Payment: _____

Company Name _____ Address/City: _____

Account #: _____ Present Balance _____ Monthly Payment: _____

EMERGENCY CONTACT

Name: _____ Address _____

Relationship _____ Phone (_____) _____

VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)

Are you the registered owner? Yes No If not who? _____

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

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