



APPLICATION TO LEASE

The following must be completed in its entirety and verified prior to consideration for occupancy.

PLEASE PRINT

For Office Use Only	
Property Name: Casa Tiempo	Apt. Type:
Move-in Date:	Rent:

PERSONAL INFORMATION

LAST NAME			FIRST NAME			MIDDLE NAME		
Drivers License # & State			Social Security Number			Are you over 18? Date of Birth		
Current Phone #			Cell phone #			E-mail address		
Names of others 18 years or older who will occupy apartment:								

RESIDENTIAL HISTORY

Current address (Number, Street, City, Zip)						If apartment, name of complex								
						Dates of Residency								
Rent <input type="checkbox"/>		Own <input type="checkbox"/>		House <input type="checkbox"/>		Apartment <input type="checkbox"/>		Room <input type="checkbox"/>						
To whom do you make payments? Name:						Monthly payment \$								
Address						Phone # ()								
City			State			City			State			Zip		

Previous address (Number, Street, City, Zip)						If apartment, name of complex								
						Dates of Residency								
Rent <input type="checkbox"/>		Own <input type="checkbox"/>		House <input type="checkbox"/>		Apartment <input type="checkbox"/>		Room <input type="checkbox"/>						
To whom did you make payments? Name:						Monthly payment \$								
Address						Phone # ()								
City			State			City			State			Zip		

EMPLOYMENT/INCOME

Current Employer Self Employed <input type="checkbox"/>						Dates of Employment								
Address						From:								
City						To:								
City			State			Zip			Phone # ()					
Type of business				Position		Income						Annually		
						\$						Monthly		

Previous Employer Self Employed <input type="checkbox"/>						Dates of Employment								
Address						From:								
City						To:								
City			State			Zip			Phone # ()					
Type of business				Position		Income						Annually		
						\$						Monthly		

Other verifiable income (if needed to qualify)			Description		
\$					
\$					
\$					

FINANCIAL

Checking: Bank and branch	Acct. #	Balance \$
Savings: Bank and branch	Acct. #	Balance \$

Other Assets (if needed to qualify)

Have you ever filed bankruptcy? Yes No If yes, when: _____ If yes, date of discharge _____
 County and state where filed: _____

Have you ever had any suits, liens, judgments, evictions or repossessions? Yes No

Describe: _____ County and State : _____ What year? _____
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CURRENT FINANCIAL OBLIGATIONS (Please list ALL monthly payments)

Name	Address	Account Type	Amount \$
			\$
			\$
			\$
			\$
			\$
			\$

VEHICLES

How many vehicles do you own? _____ Make _____ Year _____ License # _____
 (cars, trucks)

Make _____ Year _____ License # _____
 Make _____ Year _____ License # _____
 Make _____ Year _____ License # _____

PARKING OF RECREATION VEHICLES, BOATS, TRAILERS OR COMMERCIAL VEHICLES ON THE PROPERTY IS PROHIBITED UNLESS DESIGNATED AREA IS PROVIDED.

This application is made for the purpose of procuring rental of the herein described premises, and for credit clearance. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit, employment and residence history and to answer questions about my credit experience with you.

I hereby agree to release and hold harmless Anza Management Company, its agents and employees from any and all liability, legal proceedings and costs including attorney's fees arising out of either the verification of the information contained on this application form or the release of this information to other parties. All of the above data and information set forth herein including, but not limited to the statement of my assets, income and financial condition is warranted to be true and accurate and to fully and correctly state my financial conditions as of the date of this application. I also covenant and agree to notify you of any changes in the status of any of the aforementioned items during the period of my tenancy.

 Applicant's Signature

 Date

STAFF MEMBER SIGNATURE: