

## **APPLICATION TO LEASE**

The following must be completed in its entirety and verified prior to consideration for occupancy. All documents provided by applicant will be retained with this application.

| For Office Use Only |           |  |  |  |  |
|---------------------|-----------|--|--|--|--|
| Property Name       | Apt#      |  |  |  |  |
| Move-In Date        | Apt. Type |  |  |  |  |
| Staff Member        | Rent      |  |  |  |  |

## PLEASE PRINT

| PLEASE PR                           | RINT                    |            |               |             |          |          |                         | <u> </u> |                 |  |
|-------------------------------------|-------------------------|------------|---------------|-------------|----------|----------|-------------------------|----------|-----------------|--|
| PERSONAL I                          | INFORMATION             |            |               |             |          |          |                         |          |                 |  |
| LAST NAME FIRST NAME                |                         |            |               |             |          |          |                         |          |                 |  |
|                                     |                         |            |               |             |          |          |                         |          |                 |  |
| Gov't Issued Photo ID#/State        |                         |            | Social Securi | ty Number   |          |          | Date of Birth           |          |                 |  |
| Current Phon                        | e#                      |            | Cell Phone #  |             |          |          | E-mail Address          |          |                 |  |
|                                     |                         |            |               |             |          |          |                         |          |                 |  |
| Names of oth                        | ers who will occupy apa | artment    |               |             |          |          |                         |          |                 |  |
|                                     |                         |            |               |             |          |          |                         |          |                 |  |
| RESIDENTIA                          | L HISTORY               |            |               |             |          |          |                         |          |                 |  |
|                                     | ess (Number, Street, C  | ity, Zip)  |               |             |          |          | If apartment, name of c | omplex   |                 |  |
| ]                                   |                         |            |               |             |          |          |                         |          |                 |  |
|                                     |                         |            |               |             |          |          | Dates of Residency      |          |                 |  |
| Rent                                | Own                     |            | House         |             | Apartmen |          | Room                    | 1        |                 |  |
|                                     | you make payments?      | <u> </u>   |               | <u> </u>    |          | <u> </u> | 1 1100111               | <u> </u> |                 |  |
| Name                                | you make payments.      |            |               |             |          |          | Monthly payment \$      |          |                 |  |
|                                     |                         |            |               |             |          | ,        | homany paymont          |          |                 |  |
| Address                             |                         |            |               |             |          |          | Phone # ( )             |          |                 |  |
|                                     |                         |            |               |             | 0464     |          |                         | -        |                 |  |
| City                                |                         |            |               |             | State    |          |                         | Zip      |                 |  |
| Previous add                        | iress (Number, Street,  | City, Zin) |               |             |          |          | If apartment, name of c | omplex   | <del></del>     |  |
|                                     | aross (rember, cuces,   | O, L,      |               |             |          |          | , aparanom, namo or o   | ompiox   |                 |  |
|                                     |                         |            |               |             |          |          | Dates of Residency      |          |                 |  |
|                                     |                         |            | 1             |             |          |          |                         |          |                 |  |
| Rent                                | Own                     |            | House         |             | Apartmen | L        | Room                    | J        |                 |  |
| To whom did                         | you make payments?      |            |               |             |          |          |                         |          |                 |  |
| Name                                |                         |            |               |             |          |          | Monthly payment \$      |          |                 |  |
| Address                             |                         |            |               |             |          |          |                         |          |                 |  |
|                                     |                         |            |               |             |          |          | Phone# ( )              |          |                 |  |
| City                                |                         |            |               |             | State    |          |                         | Zip      |                 |  |
| L                                   |                         |            |               |             |          |          |                         |          |                 |  |
| INCOME                              |                         |            |               |             |          |          | <del></del>             | ·        |                 |  |
| Current Emp                         | loyer (if employed)     |            |               |             |          |          | Dates of Employment     |          |                 |  |
|                                     |                         |            |               |             |          |          | From                    |          |                 |  |
| Address                             |                         |            |               |             |          |          | то                      |          |                 |  |
| City                                |                         | Sta        | te .          | Zip         |          |          |                         |          |                 |  |
| i                                   |                         |            |               |             |          |          | Phone # ( )             |          |                 |  |
| Type of busin                       | ess                     |            | Pos           | ition       |          |          | Income                  |          | Annually        |  |
|                                     |                         |            |               |             |          |          | \$                      |          | Monthly Monthly |  |
| Other verifia                       | ble income              |            | Annually      | Description |          |          |                         |          |                 |  |
| \$                                  |                         |            | Monthly       |             |          |          |                         |          |                 |  |
|                                     |                         |            | Annually      | Description |          |          |                         |          |                 |  |
| s                                   |                         |            | Monthly       | <u> </u>    |          |          |                         |          |                 |  |
|                                     |                         |            | Annually      | Description |          |          |                         |          |                 |  |
| \$                                  |                         |            | Monthly       | ļ           |          |          |                         |          |                 |  |
|                                     |                         |            | Annually      | Description |          |          |                         |          |                 |  |
| \$                                  |                         |            | Monthly       | ]           |          |          |                         |          |                 |  |
| <u> </u>                            |                         |            | Annually      | Description |          |          |                         |          |                 |  |
|                                     |                         |            | Monthly       |             |          |          |                         |          |                 |  |
| <u>s</u>                            |                         |            | Imonthly      |             |          |          |                         |          |                 |  |
| FINANCIAL                           |                         |            |               |             |          |          |                         |          |                 |  |
|                                     |                         |            |               |             |          |          |                         |          |                 |  |
| Checking: Bank and branch Acct. #   |                         |            |               |             |          |          |                         |          |                 |  |
|                                     |                         |            |               |             |          |          |                         |          |                 |  |
| Savings: Ban                        | k and branch            | <u>-</u> - |               |             | 1        | Acct.#   |                         |          |                 |  |
|                                     |                         |            |               |             | .        |          |                         |          |                 |  |
| Other Assets (if needed to qualify) |                         |            |               |             |          |          |                         |          |                 |  |
| Contai Assars (ii nagada to quany)  |                         |            |               |             |          |          |                         |          |                 |  |
|                                     |                         |            |               |             |          |          |                         |          |                 |  |
|                                     |                         |            |               |             |          |          |                         |          |                 |  |

| FINANCIAL (Continued)   |                                       | <del></del>       |                  |   | T                     | <del></del> |                  |
|---|---------------------------------------|-------------------|------------------|---|-----------------------|-------------|------------------|
| Have you ever filed bankruptcy County and state where filed   |                                       | No                | If yes, when     |   | If yes, date of discr | narge       |                  |
|   |                                       |                   |                  |   |                       |             |                  |
|   |                                       |                   |                  |   |                       |             |                  |
| Describe  |                                       |                   | County and State | <del></del>                             | ····                  |             |                  |
|   | · · · · · · · · · · · · · · · · · · · |                   | County and State |   |                       | <u>—</u>    |                  |
| Describe  |                                       |                   | County and State | <del></del>                             |                       |             |                  |
| CURRENT FINANCIAL OBLIG   | ATIONS (Please                        | list ALL monthly  | payments)        |   |                       |             |                  |
| Name  | Address                               | - ' ' ' ' ' ' ' ' |                  |   | Account Type          |             |                  |
|   |                                       |                   |                  |   |                       | ***         |                  |
|   |                                       |                   |                  |   |                       |             |                  |
|   |                                       |                   |                  |   |                       |             |                  |
|   |                                       |                   |                  |   |                       |             |                  |
|   |                                       |                   |                  |   |                       |             |                  |
|   | <u></u>                               |                   |                  | •••                                     |                       |             |                  |
| VEHICLES  |                                       | <del></del>       |                  | ··                                      |                       |             |                  |
| How many vehicles do you owr (cars, trucks)   | 1? Make _                             |                   | Model            | _ Year                                  | License #             | <del></del> | <del></del>      |
|   | Make _                                |                   | Model            | Year                                    | License #             |             |                  |
|   | Make                                  |                   | Model            | Year                                    | License #             |             |                  |
| PARKING OF RECREATION \ DESIGNATED AREA IS PROV   | /EHICLES, BOATS                       |                   |                  |   |                       |             | <del></del><br>i |
| EMERGENCY INFORMATION   | i In case of E                        | mergency, pleas   | e notify         |   |                       |             |                  |
| First Emergency Contact Last Name   |                                       | First Nam         |                  |   | Relationship          |             |                  |
|   |                                       |                   | ·                |   |                       |             |                  |
| Address   |                                       |                   |                  |   | Phone Number          |             |                  |
| Second Emergency Contact Last Name  | <del>=</del>                          | First Nam         | 8                |   | Relationship          |             |                  |
| Address   |                                       | <del></del> -     |                  | *************************************** | Phone Number          |             |                  |
|   |                                       |                   |                  |   | Friche Namber         |             |                  |
| HOW DID YOU FIRST LEARN   | OF THIS APARTS                        | MENT COMMUN       | HTV2             |   |                       |             |                  |
| Apartment Guide   | Drive By                              | Referral_         |                  |   | Anza Community        | Apts.com    | Fiver            |
| Dear Boot on  |                                       |                   | <u></u>          |   | •                     |             |                  |
| For Rent.com  | Craigstist                            | Signs             | Website          |   | Other Not Listed      |             |                  |
| REASON FOR RELOCATION:  |                                       |                   |                  |   |                       |             |                  |
| 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 investigate my credit, financial, litigation and rental history. I authorize you to obtain reports that may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, social security number verification and previous tenant and employment history.  I hereby agree to release and hold harmless the property, its owners, Anza Management Company, their 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 currently state my financial conditions as of the date of this application.   |                                       |                   |                  |   |                       |             |                  |
| Applicant's Signature   |                                       |                   |                  |   | Date                  |             |                  |