LEEDS PROPERTY MANAGEMENT

RENTAL APPLICATION

Individual applications required from each adult (18 years or older) occupant.

Price $_____

Office: 310-815-9015

Name _____ **Social Security No** _____

Driver's License Number (with state) _____ **Date of Birth (Month, Day, Year)** _____

Home Phone _____ **Business Phone** _____

E-mail address

1.	ADDRESS	CITY	ZIP	OWNER OR MGR	PHONE	FROM	TO
	Present						
	Reason for moving						
	Previous						
	Reason for moving						
	Next Prev.						
	Reason for moving						

2.	PRESENT OCCUPATION	PRIOR OCCUPATION
	Occupation	
	Employer	
	Business Address	
	Business Phone	
	Name & Title of Superior	
	Current Salary How Long?	

3.	NAME OF BANK	BRANCH ADDRESS	ACCOUNT NUMBERS	
	1		CKNG	
			SVNG	
	2		CKNG	
			SVNG	

4.	CREDITORS NAME	ACCT NO.	MO PYMT AMT

5.	In Case of Emergency, notify:	Address	PHONE	CITY	RELATIONSHIP
	1				
	2				

6.	Personal Reference	Address	PHONE	YRS	RELATIONSHIP
	1				
	2				

7.	PROPOSED OCCUPANTS	RELATIONSHIP	OCCUPATION

8. Automobile - Make_____Model_____ Year_____License Number_____
Motorcycle (other vehicles) _____
Will you have pets?_____ if so describe _____ Breed _____ Weight ___ Cat $150, Dog $300 Dep: 25lb Max Weight
Will you have musical instruments?_____ If so describe_____
Will you have liquid filled furniture?_____ If so describe_____ Do you have insurance?_____

9. Applicant represents that statements made are true and correct and hereby authorizes verification of references to include but not limited to credit checks, unlawful detainer checks & telecredit checks and agrees to furnish additional references on request. Applicant agrees to pay for said verification by funds accompanying 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 for any reason, owner shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

Address _____ **Unit No.** _____

Date _____ Time _____

Applicant Signature _____

****Application Must Be Signed**

****REQUIREMENTS****

$25.00 Credit Check Fee per applicant over 18 years of age, **Copies of Drivers License / I.D, Social Security Card, check stub, If self employed, Copies of 2 months worth of bank statements.

***NO EVICTIONS, BANKRUPTCIES, JUDGEMENTS**