

To keep other people from seeing what you entered on your form, please press the clear this form button at the end of this form when finished.

## ESTANCIA APARTMENT HOMES RENTAL APPLICATION

**(fillable) PLEASE FILL OUT AND FAX TO (818) 785-6378**

Neatly complete all information below. All applicants over the age of 18 must complete and sign their own application

Email Address

Applicants full name Phone# DOB

Social Security # Drivers License # State Exp

Current Address City State Zip

Current Landlords Name Landlords Phone#

How long at this address Reason for leaving

Previous Address City State Zip

Previous Landlords Name Phone#

How Long at this address Reason for leaving

Auto Make Model State License Plate #

Present Employer Position Mo. Income

Phone # How long at job Other income/source

Employer Address City State Zip

Number and type of Pets Have you ever been a party to an eviction Yes No

Name of bank Branch Type of Account

Name of bank Branch Type of Account

Personal Reference

Name Yrs. Known Relationship Phone #

Total number of occupants that will be residing in the unit

Names and relations of all other applicants

Applicant represent that statements made are true and correct and here by authorizes verification of references to include but not limited to credit checks, unlawful detainer and credit checks and agrees to furnish additional credit references on request. I authorize verification of the information contained herein solely for the purpose of establishing my qualifications as a tenant. I release anyone verifying such information, from liability. I understand that incomplete information provided in the application, may cause a delay in processing and can result in denial of tenancy.

Applicant Signature:

Date:

Received from applicant the non-refundable sum of \$30.00 Dollars to pay for the tenant screening service.