LINDER & ASSOCIATES
PROPERTY MANAGEMENT
213-487-0800

# APPLICATION TO RENT

PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH ADULT TENANT & CO-SIGNER (If Applying With Co-Signer)

EACH APPLICANT (and Co-Signer if Applicable) MUST PROVIDE THE FOLLOWING:

1) Completed & Signed Application
2) $35.00 Processing Fee
3) Your Most Recent Pay Stub OR Current Income Tax Return OR Current W2 (whatever will best prove your income).
4) Visual Copy of Drivers License or Other Government Issued Photo ID

****CHECKS MADE PAYABLE TO: LINDER AND ASSOCIATES****

NAME:_____ SOCIAL SECURITY #:_____
First Middle Last

DRIVERS LIC./ID #:_____ STATE:_____ BIRTHDATE:_____

EMAIL ADDRESS:_____

HOME PHONE:_____ WORK PHONE:_____ CELL PHONE:_____

**CURRENT ADDRESS:**_____
STREET UNIT # CITY STATE ZIP

LENGTH OF STAY? FROM (month/year):_____ TO:_____ MONTHLY RENT: $_____

OWNER/MNGR: _____TEL: _____ REASON FOR LEAVING_____

**PREVIOUS ADDRESS:**_____
STREET UNIT # CITY STATE ZIP

LENGTH OF STAY? FROM (month/year):_____ TO:_____ MONTHLY RENT: $_____

OWNER/MNGR: _____TEL: _____ REASON FOR LEAVING_____

**CURRENT EMPLOYMENT:**

COMPANY NAME: _____ ADDRESS: _____

COMPANY PHONE: _____ OCCUPATION:_____ TYPE OF BUSINESS:_____

NAME OF SUPERVISOR: _____ EMPLOYED FROM: _____ TO: _____ MONTHLY SALARY: $ _____

**PREVIOUS EMPLOYMENT:**

COMPANY NAME: _____ ADDRESS: _____

COMPANY PHONE: _____ OCCUPATION:_____ TYPE OF BUSINESS:_____

NAME OF SUPERVISOR: _____ EMPLOYED FROM: _____ TO: _____ MONTHLY SALARY: $ _____

**OTHER SOURCES OF INCOME:** _____

**LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY THE UNIT:**

INITIAL HERE IF YOU WILL BE THE ONLY OCCUPANT: _____

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 smoke (yes / no)? _____ Does any other proposed occupant smoke (yes / no)? _____
7. Do you have any musical instruments (yes / no)? _____ If yes, what kind? _____
8. Do you have any liquid filled furniture (yes / no)? _____
8. Do you have any PETS (yes / no)? _____ If yes, how many & what kind? _____
9. Please further explain any YES answers _____

**VEHICLES (Automobiles, Trucks, Vans, Motorcycles):**

Year _____ Make _____ Model _____ Color _____ License # _____

Year _____ Make _____ Model _____ Color _____ License # _____

**EMERGENCY CONTACT:**

Name: _____ Relationship: _____

Address: _____ Phone: _____

**REQUESTED MOVE-IN DATE:** _____

Applicant represents that the statements made are true and correct and hereby authorizes LINDER AND ASSOCIATES, to verify credit, income, and references including but not limited to credit, unlawful detainer and bounced check checks and agrees to furnish additional credit references on request. Applicant agrees to pay LINDER AND ASSOCIATES $35 for said verification. 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:** _____