POPTSIS REALTY
1457 7TH. ST.
SANTA MONICA, CA. 90401
PH. 310-393-4506
FAX.310-395-7160

(email: poptsis@roadrunner.com)

APPLICATION TO RENT
Complete separate application for each adult tenant.

THE APARTMENT ASSOCIATION
GREATER LOS ANGELES
AAGLA
www.aagla.org

1 Name: _____ _____ Social Security #: _____
          LAST   FIRST   MIDDLE

2 Driver's Lic./ID #: _____ State _____ Birthdate _____
                                                                              MONTH — DAY — YEAR

3 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
    Email: _____

CURRENT
Address: _____ _____ _____ _____
         STREET   UNIT #   CITY   STATE   ZIP

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt. $_____

Owner/Manager _____ Tel: _____ Reason for Leaving _____

4 **PREVIOUS**
Address: _____ _____ _____ _____
         STREET   UNIT #   CITY   STATE   ZIP

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt. $_____

Owner/Manager _____ Tel: _____ Reason for Leaving _____

5 **SECOND PREVIOUS**
Address: _____ _____ _____ _____
         STREET   UNIT #   CITY   STATE   ZIP

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt. $_____

Owner/Manager _____ Tel: _____ Reason for Leaving _____

CURRENT EMPLOYMENT

Company Name _____ Address _____

Company Phone _____ Occupation/Position _____ Type of Business _____

Name of Supervisor _____ Dates of Employment - From: _____ To: _____ Monthly Salary _____

PREVIOUS EMPLOYMENT

Company Name _____ Address _____

Phone _____ Occupation/Position _____ Type of Business _____

Name of Supervisor _____ Dates of Employment - From: _____ To: _____ Monthly Salary _____

WHEN DO YOU PLAN TO MOVE IN? Date: _____

Applicant represents that the statements made are true and correct and authorizes owners verification of credit, income and references. Applicant agrees to pay for said verification via check or money order. 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 "NSF", applicant shall be liable for the charge on demand. 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 _____