



# CECERE TRUST

## APPLICATION TO RENT

Complete separate application for each adult tenant.

Attach \$28.00 with each adult application, payable to: "Cecere Trust" or "Apartment Association of Greater Los Angeles" (AAGLA).

For further info. Call: (310) 261-8189 OR 24 Hr. FAX: (310) 649-3294. Mail Address: 6686 West 86th Place, Los Angeles, Ca. 90045



**1** Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
LAST FIRST MIDDLE

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

**3** Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**CURRENT** Email Address: \_\_\_\_\_

**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 statements made are true and correct and hereby authorizes owner's periodic verification of credit, income and references to include but not limited to credit, unlawful detainer and bounced check checks and agrees to furnish additional credit references on request. Applicant agrees to pay for said verification via check made payable to the Apartment Association of Greater Los Angeles, which check shall accompany 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 "NSF", owner 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 \$ \_\_\_\_\_.

Please attache two legibla Photo ID's to this application. Example: Driv. Lic., Business, Passport, Student, Membership, etc.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT - Please put "F" for full time or "P" for part time after each name.**

If this box is checked there shall be no additional occupant(s).

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 have any pets?  Yes  No If Yes, How many? \_\_\_\_\_ Describe: \_\_\_\_\_
7. Will you be using any water-filled furniture in your residence?  Yes  No  
If Yes, do you have insurance coverage?  Yes  No
8. Do you have any musical instruments?  Yes  No If yes, what kind \_\_\_\_\_
9. Do you smoke?  Yes  No Does any other proposed occupant smoke?  Yes  No
10. Please explain any "YES" answers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BANKING INFORMATION**

Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_  
Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_  
Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_  
Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_  
Other sources of income \_\_\_\_\_

**CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)**

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)**

Are you the registered owner?  Yes  No If not who? \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_