

AVALON MANAGEMENT

(213) 453-7082 mgmt.azavalon@gmail.com www.avalonmanagement.com

Address of desired property: _____ Requested Move-in Date: _____

To guarantee compliance with the Federal Fair Housing Acts, information is required for each applicant over the age of eighteen (excluding dependent children) who will reside at the property.

EMPLOYMENT HISTORY

Minimum of 5-year history is required (More space on page 3 if needed)

Applicant's Full Name: _____ Social Security #: _____

Date of Birth: _____ Driver's License #: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Employer: _____ Employer Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Hire Date: _____ Position: _____

Gross monthly pay: \$ _____ Hours per week: _____ Supervisor: _____

Co-Applicant's Full Name: _____ Social Security #: _____

Date of Birth: _____ Driver's License #: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Employer: _____ Employer Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Hire Date: _____ Position: _____

Gross monthly pay: \$ _____ Hours per week: _____ Supervisor: _____

OTHER INCOME YOU WOULD LIKE US TO CONSIDER

(For example: Part time job, spousal support, child support, disability, social security, self-employment etc...)

1. Source: _____ Gross amount per month: \$ _____

2. Source: _____ Gross amount per month: \$ _____

ADDRESS HISTORY

Minimum of 5-year history is required (More space on page 3 if needed)

Current Address: _____ City: _____ State: _____ Zip: _____

Move-in date: _____ Move-out Date: _____ Rent \$: _____

Why Moving? _____

Landlord: _____ Phone #: _____

To Process Application Immediately – email to mgmt.azavalon@gmail.com

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LIST THREE (3) PERSONAL REFERENCES TO CONTACT IN CASE OF EMERGENCY

Name:	Relationships:
Address:	Phone:
Name:	Relationships:
Address:	Phone:
Name:	Relationships:
Address:	Phone:

LIST ALL VEHICLES CURRENTLY OWNED (More space on page 3 if needed)

Year	Make (ie. Ford/Chevy)	Model	State / License #
Year	Make (ie. Ford/Chevy)	Model	State / License #

LIST ALL PETS (More space on page 3 if needed)

Name	Age	Weight	Description
Name	Age	Weight	Description

ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

(These questions apply to both Applicant & Co-Applicant.)

1. Are you prepared to take on the responsibility of home living in a home, including minor maintenance?
2. Are you prepared to make the monthly payments in full every month on the 1st of the month?
3. Will you have all the move-in funds available at the time of move-in?
4. Have you ever been evicted from a property?
5. Have you filed for bankruptcy or been foreclosed upon in the last 7 years?

LIST ALL NAMES AND AGES OF THE INDIVIDUALS THAT WILL RESIDE IN THE PROPERTY

1.	2.
3.	4.
5.	6.

☐ **VERY IMPORTANT:** When submitting this application, you must attach proof of income for each applicant: pay stubs showing current and year-to-date totals; SSI or disability award letters; if self-employed, deposits and 2 months bank statements. Applications submitted without verification of income will not be processed.

Applicant agrees that all credit information maintained by management may be given to any credit reporting service or other persons who request it. Applicant hereby certifies that the information supplied in this application is true. Applicant understands that any false answers or statements made will be sufficient grounds for eviction/forfeiture. Applicant authorizes present and past landlords and Employers, Banks, Credit references, personal references, and any other person to release information regarding applicants credit, rental and employment history.

Please be sure the application is filled out completely. This will ensure a timely and accurate response.

Applicant Signature	Date	Co-Applicant Signature	Date
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NOTE: APPLICATIONS WILL NOT be accepted on a "FIRST-COME, FIRST-SERVED BASIS." THIS PROPERTY IS MANAGED BY A PRINCIPAL REPRESENTING HIS INTEREST AND/OR OF THE OWNER OF THE REAL PROPERTY. THE CORPORATION WILL ASSIST ALL PERSONS WITHOUT REGARD TO RACE, COLOR, CREED, SEX, RELIGION, NATIONAL ORIGIN, FAMILIAL STATUS, MARITAL STATUS, HANDICAP, OR ANCESTRY.

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ADDITIONAL EMPLOYMENT HISTORY (only if needed to complete 5-year history)

Applicant's Previous Employer #1:

Phone #:

Address:

City:

State:

Zip:

Hire Date:

Position:

Gross monthly pay: \$

Hours per week:

Supervisor:

Applicant's Previous Employer #2:

Phone #:

Address:

City:

State:

Zip:

Hire Date:

Position:

Gross monthly pay: \$

Hours per week:

Supervisor:

Co-Applicant's Previous Employer #1:

Phone #:

Address:

City:

State:

Zip:

Hire Date:

Position:

Gross monthly pay: \$

Hours per week:

Supervisor:

Co-Applicant's Previous Employer #2:

Phone #:

Address:

City:

State:

Zip:

Hire Date:

Position:

Gross monthly pay: \$

Hours per week:

Supervisor:

ADDITIONAL ADDRESS HISTORY (only if needed to complete 5-year history)

Previous Address:

City:

State:

Zip:

Move-in date:

Move-out Date:

Rent \$:

Why Moved?

Landlord:

Phone #:

2nd Most Recent

Previous Address:

City:

State:

Zip:

Move-in date:

Move-out Date:

Rent \$:

Why Moved?

Landlord:

Phone #:

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3rd Most Recent

Previous Address: _____ City: _____ State: _____ Zip: _____

Move-in date: _____ Move-out Date: _____ Rent \$: _____

Why Moved? _____

Landlord: _____ Phone #: _____

OTHER

Notes, explanation(s) or special circumstances for us to consider

ADDITIONAL CO-APPLICANTS

2nd Co-Applicant's Full Name: _____ Social Security #: _____

Date of Birth: _____ Driver's License #: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Employer: _____ Employer Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Hire Date: _____ Position: _____

Gross monthly pay: \$ _____ Hours per week: _____ Supervisor: _____

3rd Co-Applicant's Full Name: _____ Social Security #: _____

Date of Birth: _____ Driver's License #: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Employer: _____ Employer Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Hire Date: _____ Position: _____

Gross monthly pay: \$ _____ Hours per week: _____ Supervisor: _____

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