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: **C**ity: State: Zip:

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

Why Moving?

Landlord: Phone #:

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

AVALON MANAGEMENT

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

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 **(TYPE ABOVE)** Date Co-Applicant Signature **(TYPE ABOVE)** Date

NOTE: APPLICATIONS WILL NOT be accepted on a "FIRST-COME, FIRST-SERVED BASIS." THIS PROPERTY IS MANAGED BY A PRINCIPAL REPRESNTING 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, FAMIAL STATUS, MARITAL STATUS, HANDICAP, OR ANCESTRY.

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

AVALON MANAGEMENT

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

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 #:

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

AVALON MANAGEMENT

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

3nd 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:

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