

# HOLLIS PROPERTY MANAGEMENT

2930 W. IMPERIAL HWY. 200-T \* INGLEWOOD, CA 90303

PHONE: 310.571.8595 | FAX: 866.288.2105



## APPLICATION TO RENT

Complete separate application for each adult tenant.



**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 Owner's verification of credit, income and references; and APPLICANT UNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant agrees to pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If Applicant pays by a personal check which 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 \_\_\_\_\_

Do you have a housing subsidy? Yes: ☐ No: ☐ If yes, what? Section 8: ☐ L.A. County Pilot Program: ☐ Other rent payment program: ☐ \_\_\_\_\_

For purposes of credit & rent liability only: 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 animals? ☐ 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 \_\_\_\_\_

# **HOLLIS PROPERTY MANAGEMENT**

**2930 W. IMPERIAL HWY. 200-T \* INGLEWOOD, CA 90303**

**PHONE: 310.571.8595 | FAX: 866.288.2105**

March 10, 2021

To: All Potential Tenants

From: L. Hollis Management

**Re: Vacancies, Applications to Rent & What to Include**

Thank you for inquiring! Hopefully, we have something to offer that will satisfy you and your family's needs. We know that times are tough and we are simplifying and making things easier and less stressful. Please read carefully and follow the steps?

The following is a list of what to include:

1. Completed application (do not leave blanks)
2. Copy of I.D. or Driver License
3. Proof of Income for 1 month. Example. If you're paid weekly, include four (4) copies of check stubs.
  - a. Acceptable Proof of Income
    - i. Check stubs
    - ii. Bank Statements
    - iii. Previous year's tax return
    - iv. For Social Security, TANF or any other government payments – Include benefits letter. Must be less than six (6) months old.
4. Turn in application. Applications can be left of site, faxed, emailed or mailed using the post office.
  - a. Mail to: P.O. Box 1445, El Segundo, Ca 90245
  - b. Email: [lhollismanagement@gmail.com](mailto:lhollismanagement@gmail.com)
  - c. Fax: 1.866.288.2105
  - d. Upload to [www.hollisrents.com](http://www.hollisrents.com)
  - e. Mailbox on site of the vacant unit

## **Renter's Insurance is Mandatory!**

Renter's Insurance is a low cost insurance that protects both tenants and landlords against unforeseen events. The landlord will cover up to \$75, for a policy paid in full.

A basic policy usually covers,

- ✓ Property Damages
- ✓ Thefts on and off the premises
- ✓ Hotel in case of emergency
- ✓ Medical coverage for accidents
- ✓ Covers Cellphones and computers (better than cellphone insurance)
- ✓ Identify theft
- ✓ Lawyers for lawsuits.
- ✓ Food replacement due to power outages
- ✓ Things rented or borrowed, storage contents, etc.

**Policy Minimums: 100,000 – liability; 10,000 - Personal Items; Loss of Use - 5,000 - 10,000; Identity theft - 5,000+; Electronics - 10,000**

**This must be added to your policy >> - “Additional Interest, Leslie Hollis”**  
**@ P.O. Box 1445, El Segundo, Ca 90245**

### **REFERENCES**

Any reputable or known insurance company will be okay

- Allstate: Customer Service 877-810-2920. \$21 mo.
- AAA: Google
- Geico: 800-841-2964. We're here to help, 24/7. \$19.50 mo.
- Farmer's: Google
- \*The Hartford: 860.547.5000
- ~~Lemonade:~~
- Liberty Mutual: 800.295.1739. \$19.60 mo.
- ~~Mercury Insurance (Worker's Comp for Gardner's, nannies, maids, etc.):~~
- Nationwide: 866-633-5749. \$29
- Progressive Insurance: Google
- State Farm: State 855-980-8053. \$20 mo.
- Travelers: 800.455.4448. \$22 mo.