

RENTAL APPLICATION ***THIS IS A STRICT NON-SMOKING BUILDING****

The undersigned hereby makes application to rent Apt. _____ located at 804-807 Torrance St,

San Diego, CA, beginning on _____, 2024, at a monthly rent of \$_____.

PLEASE TELL US ABOUT YOURSELF

FULL NAME	PHONE ()
Date of Birth	Social Security No
Driver's License	State
Other Occupants & your Relation to them:	
Are you applying with a Guarantor?	_Your Email address:
Maximum occupancy requirements under Ca	ity and State laws are strictly enforced.
. No Subletting or Assignments are allowed.	This rental is for one-year minimum. This is a strict non-smoking
building.	

PLEASE GIVE US YOUR RENTAL HISTORY (Beginning with most current)

CURRENT ADDRESS		Rent \$
City	State	Zip
Month & Year Moved in	Reason for Leaving	
Owner or Agent	Phone ()	
PREVIOUS ADDRESS		Rent \$
City	State	Zip
Month & Year Moved in	Passon for Laguing	
	Reason for Leaving	

PLEASE GIVE US YOUR EMPLOYMENT INFORMATION

PRESENT EMPLOYER_____

Address where employed:	
Date(s) Employed	_Employed as
Supervisor	_Supervisor's or Company's Phone
Salary \$ per	Your Work Phone
Any Additional Income?	blease attach all W2's 1099 and

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PREVIOUS EMPLOY	'ER			
Address where employe	ed:			
Date(s) Employed		Employed as		
Supervisor		Supervisor's or Company Phone		
Salary \$	per	Company's Phone		
PLEASE LIST YO	OUR BANK	AND CREDIT REFERENC	CES	
Savings Account Bank_		Branch		
		Branch		
Major Credit Card (nam	ie)	Major Credit Car	rd (name)	
Will you be paying rent	with a foreign	check?		
HAVE YOU EVER:	Filed for bar	nkruptcy?		
	Any aliases?			
	Been evicted	l from tenancy?		
	Been convic	ted of a crime?		
	Are you bein	ng helped with a City or State house	ing agency?	
What is their contact inf	o?			
Do you have any outstan	nding/unpaid pa	arking or speeding tickets?		
Do you have any outstan	nding/unpaid ho	ospital bills, or other unpaid bills? _		
Are you leaving your la	st residence on	good terms?		
Are you a smoker?				
May we contact your pr	esent and prior	Landlords?		
Were you ever in Landle	ord/Tenant cou	rt before? Are there any j	udgments against you?	
Have you finished or wi	ll you finish yo	ur present Lease term?		
Were you ever late with	any rental pays	ments? Amount of times	late?	
Are you a Smoker?	Do	you have any animals?		
Do you or will you serv	e time in the mi	litary during this Lease term?		
If yes, please enter exac	t address of stat	tion		
Emergency Contact:		Address	Phone	
Emergency Contact:		Address	Phone	
Emergency Contact:		Address	Phone	

A copy of Photo ID for <u>all</u> Applicants and Guarantors must be submitted with all applications along with references from Employers & Landlords.

Please also include a letter about yourself, so we can get to know you.

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A SEPARATE FORM MUST BE COMPLETED FOR EACH APPLICANT WITH THE REQUIRED FEE of \$75.00.

Please tell us how you heard about out property. _____

RELEASE

I, _______, the Applicant, give full authorization for a credit & background report. I also authorize Landlords, Business Associates, Broker, if any, Banks and other persons or institutions to furnish any information regarding me. I understand that there is a non-refundable Security Deposit, if Agreement to rent is cancelled by me <u>after</u> my acceptance of the above mentioned apartment. Please return this Rental Application to: *Naomi Properties, LLC.* - with the required one month Deposit payable to Naomi properties, LLC. by **Cashier's, Bank Check, or Money Order only**, and documents with the required Photo ID for each applicant. Application Fee: \$75.00

Any Real Estate Broker/Agent commissions are paid by Applicant(s) before or at Lease signing.

Signed_____Date____