



PLEASE FAX TO 714-529-3425 OR E-MAIL TO SERVICE@OCONLY.COM

RENTAL APPLICATION

Equal Housing Opportunity

Please take a few extra moments to review your application before submitting it for processing.

Please check to make sure we have complete information and phone numbers so we may expedite your application quickly.

Incomplete applications will delay processing. Owner/Manager may require additional information.

The undersigned hereb	y makes application	on to rent unit #	located	at			
beginning on	at a monthly	rent of \$	and security deposit of \$.				
Anticipated move in da	nte of						
PLEASE TELL US AB	OUT YOURSELF						
Full Name			Home	e Phone ()		
Date of Birth		Sc	Social Security #				
Email Address			Other	Phone ()_			
Name of Co-Applican	t	Social Security #Other Phone ()Names of Dependents					
Co-Applicant Date of Birth		Social Security #					
Dependents date of birth							
List All Pets							
PLEASE GIVE RESID	ENTIAL HISTOR	Y (past 3 years, list	<u>current first)</u>				
Current							
Address		_ Apt# (City		StateZip		
Month & year moved in		Apt# City State Zip					
Current Landlord /Agent			Phone ()			
Previous Address (last 3	years)				Rent \$		
Previous Owner/Agent			Phone ()			
PLEASE GIVE YOUR	EMPLOVMENT	INFORMATION					
TLEASE GIVE TOUR	EMI EO I MENT	INFORMATION					
Your Status	Full Time	Part Time	Stu	ident	Unemployed		
Employer/ School							
Employer/ School Dates employed Employed as							
Supervisor Name Phone ()							
Salary \$	ary \$ If employed by above less than 12 months, give name & phone of						
Previous Employer / Scho	ool		,				
		ld like us to consider.	olease list income,	source, and per	son (banker, employer, or etc)		
					s annual income unless you		
want us to consider it in t			J,	· F · · · · · · · · · · · · · · · · · ·			
Amount \$ Source/Contact Name							
Other annual income \$							
Other annual income \$		_ Source/Contact Nar	ne		· · · · · · · · · · · · · · · · · · ·		
PLEASE LIST YOUR I	REFERENCES						
Banking							
Accounts:							
Name		Type of Account		Account Number	er		
1 (1111)		Type of Heedanie		11000 01110 1 (011110)	•		
NT.		T CA .		A (37 1			
Name		Type of Account		Account Numbe	r		
Personal Reference or							
Emergency Contact:							
zmergenej contact	Name	Ad	dress	Phone	Relationship		
Your Driver's License Number State							
Vehicle information							
	Make/Model	Year	License	Plate	State		

HAVE YOU EVER: FILED FOR BANKRUP	TCV9		YES	NO
	TET! I TENANCY OR BEEN IN A	YES	NO NO	
	NTIONALLY REFUSED TO		YES	NO
Please give any additiona	ıl information that might help	the owner/management evalu	ate this applicati	on:
,				
Where may we reach yo	ou to discuss this application	n?		
Day Phone # ()_		Night Phone # ()	
Cell Phone # ()_		email address:		
is to be payable the first of this application, I warran	day of each month in advance t that all statements above set a true statement of facts, all o	As an inducement to the ow forth are true; however, shoul f the deposit will be retained t	ner of the proper d any statement	made above be a
The credit check fee will	be \$ 35.00 per person or \$60	per couple (Non-Refundable)		
agree to execute a lease f the move in date. If the a hereby waiving any claim of your procedure for pro through personal intervie general reputation, person The above information	or months before application is not approved and for damages by reason of noncessing my application, an in	ore possession is given and to put accepted by the owner or agon-acceptance which the owner westigative consumer report may be acquainted. This inqui	ent, the deposit or or agent may reason be prepared when the control of the contr	will be refunded, the applicant eject. I recognize that as a part whereby information is obtained
Please sign XN	Tame of Applicant		ate	
		AUTHORIZATION Release of Information		
	ng this apartment, and for th	t history, banking, employme		ekground, and any other screening tal referral service your name and
Name (please print)		_		
X	<u>.</u>			
Signature		Date		
APPLICANT: PLEASE	E DO NOT WRITE BELOV	V Office use only		
Deposit of \$	received by		late	

Office NOTES: