

ISLA VISTA APPLICATION TO RENT

PLEASE PRINT – Applications with blank space(s) will not be considered. Each Applicant must complete a separate application. Please submit all applications together. All applicants must present a photo ID.

Applying to Rent	(street address)		(apartment number						
2 nd Choice	3 rd Choice								
Name	Cell Phone #								
Email Address									
Social Security #	Date of Birth								
f you are a student, year in school	School Name								
Oriver's License #	State								
Proposed Occupants (list all roommate	es including yourself):								
	Email	Cell Phone #	Age_						
	Email	Cell Phone #	Age_						
	Email	Cell Phone #	Age_						
	Email	Cell Phone #	Age_						
	Email	Cell Phone #	Age_						
	Email	Cell Phone #	Age_						
CURRENT ADDRESS									
Address									
(street)	(City)	(State)	(Zip)						
	Email								
	From								
Reason for leaving?									
PREVIOUS ADDRESS:									
Address	(City)	(State)	(Zip)						
andlord's Name	Email	Phone #							
How long at this address?	From	To							
Reason for leaving?									
Will you be employed while you are atte	•								
Supervisor or Manager	Email	Phone #							
Oo vou smoke? Do v	ou have a companion/emotional support	t animal?							
	y 3-day Notice in relation to your tenance								

Do you own a car?	Yes / No Make_	N	Iodel		Year	License	#			
In case of Emergence	cy, who do we contac	t'? (parent, guardia	an, etc.)							
Name	R	elationship	En	nail			Phone			
Address										
(street)			((City)			(State)	(Zip)		
Please complete the	e following parental	information:								
Parent 1 Name				Parent 2 N	ame					
Phone #	Email			Phone #		1	 Email			
(City) (S	State) (Zip)			(Ci	ty) (Stat	(Zip)				
Job Title	Employ	/er		Job Title		Е	mployer			
If self employed, type of work				If self employed, type of work						
1	or work			_		or work				
Employer's				Employer's						
7 Idd1035				7 Idd1 C35						
(City) (S	State) (Zip)			(Ci	ty) (Stat	e) (Zip)				
Work Phone #	Work Phone #				Work Phone #					
Work Email Addres				Work Emai			_			
	guaranteeing your lea	se? Yes No)		_		ur lease? Yes	No		
	de Social Security Nu					Social Securi				
		<u>=</u>					<u>=</u>	<u>=</u>		
Guarantor's name	same as Parent 1 or I				En	nail				
Address				City)			(State)	(Zip)		
	En	nnlover		-				-		
	be of work									
Employer's Address										
Employer's Address	(street)		(0	City)			(State)	(Zip)		
Work Phone #		_ Work Email Ad	dress							
Means of Support di	uring the term of the	Lease Checkall	that annly	fill-in dolls	r amounts	and circle w	hen money is 1	eceived		
vicuis of Support di							•	eccived.		
	Parental Employment	\$	per	month	quarter	semester	year			
	Employment Loan	\$	per	month	quarter	semester	year			
	Loan Grant	\$	per	month	quarter	semester	year			
	Scholarship	\$\$ \$	per	month month	quarter	semester	year			
	Savings	\$ \$	per	month	quarter quarter	semester semester	year year			
	Savings	\$ \$	ner	month	quarter	semester	year			
		Ψ	PC1	month	quarter	Schlester	Joan			
	all of the above statement							aining of a credit		
	sh additional credit referen	_	_			-		1 .1		
Employment reports may previous employers. I un	plication for rental, I under include information as to derstand that information ast activities relating to dri	my character, work ha will be requested from	abits, perform n various fede	ance and expe eral, state and o	rience along vother agencies	vith reasons for t and entities, pub	ermination of pas lic and private, w	t employment fro hich maintain		
I authorize, without reser	vation, any party or agenc thereto. Further, I will re	y contacted, to furnish	completely a	and without lin	nitation, any ar	nd all of the abo	ve mentioned info	rmation and any		
	application to rent housing lease agreement and to pa					forth above and	upon approval of	this application		
Applicant's Signatu	ure				Da	ited				
	ad Building C ■ Santa									