



RPM Management, Inc.

8281 Melrose Avenue Suite 305 Los Angeles, CA 90046 Phone: (323) 655-4500 Fax: (323) 655-3223 www.rpmla.com

RENTAL APPLICATION

(Please print clearly in black or blue ink)

Address of apartment applying for: Apt. #:

APPLYING AS:

LEASE HOLDER

OCCUPANT ONLY

CO-SIGNER (indicate leaseholder's name below)

Note: A separate application must be completed for each co-signer, roommate or occupant over the age of 18.

Name: Social Security #

Driver's License / ID Number: State of Issue Date of Birth

Home Phone Cell Phone E-mail Address

CURRENT

Address:

Dates of Occupation: Street Unit # City/State ZIP Monthly Rent \$

Owner/Manager Name Phone Reason for Leaving

PREVIOUS

Address:

Dates of Occupation: Street Unit # City/State ZIP Monthly Rent \$

Owner/Manager Name Phone Reason for Leaving

SECOND PREVIOUS

Address:

Dates of Occupation: Street Unit # City/State ZIP Monthly Rent \$

Owner/Manager Name Phone Reason for Leaving

CURRENT EMPLOYMENT

Company Name Address Phone Occupation/Position Type of Business Supervisor Name Dates of Employment: from to

Gross Salary \$ Year Month Bi-Weekly Week Other Income* \$ Year Month Bi-Weekly Week

*Other sources of income you would like us to consider may include: child support, SSI, savings accounts, real estate income, etc.

Previous Employment

Company Name Address Phone Occupation/Position Type of Business Supervisor Name Dates of Employment: from to

Gross Salary \$ Year Month Bi-Weekly Week

Note: Acceptable proof of income required. Please ask your Leasing Consultant for details

TERMS AND CONDITIONS

- 1. Rental rates are subject to change.
2. A \$30.00 non-refundable application fee must accompany this application.
3. Additional fees and/or deposits may apply. Consult the Leasing Department for details.
4. In the event that withdrawal from this application occurs after 72 hours from the date of deposit, the Applicant shall be responsible for actual damages incurred by the landlord.
5. Applicant acknowledges that any statements and representations made to induce RPM Management, Inc. to rent an apartment to Applicant are true and correct to the best of his/her knowledge.
6. Applicant authorizes RPM Management, Inc. to obtain his/her credit report to verify all statements and representations made on this form.
7. Applicant agrees that if any such information is misleading, incorrect or untrue, RPM Management, Inc. shall have the right to consider the rental agreement breached and take all appropriate remedies.
8. Applicant waives any claim for damages by reason of non-acceptance of this application, which RPM Management, Inc. may reject.

Applicant / Co-Signer Signature Date Spouse Signature Date

OCCUPANTS

Please list children and/or other persons who will occupy the apartment (*Occupants age 18 or older must complete a separate application.*)

| | | |
|------------|-----------|--------------------|
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | 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 for bankruptcy? Yes No
5. Have you ever been convicted of a felony? Yes No
6. Will you be using any water-filled furniture in your residence? Yes No
If Yes, do you have insurance coverage? Yes No
7. Do you have any musical instruments? Yes No
8. Do you smoke? Yes No Does any other proposed occupant smoke? Yes No
9. Explain any "YES" answers

EMERGENCY NOTIFICATION:

In case of emergency, notify: _____ (_____) _____
 Name Address City, State ZIP Phone Relationship

PERSONAL REFERENCES:

| | | | | | | |
|-------|---------|-------------|-------|-------|--------------|-------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Address | City, State | ZIP | Phone | Relationship | Years known |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Address | City, State | ZIP | Phone | Relationship | Years known |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Address | City, State | ZIP | Phone | Relationship | Years known |

AUTOMOBILES AND OTHER VEHICLES: Motorcycles, boats and trailers must have special permission to park on premises.

| | | | | | |
|-------------|-------|------------|-----------------------|-------|----------------------|
| Vehicle #1: | _____ | _____ | _____ | _____ | _____ |
| | Year | Make/Model | State of Registration | Color | License Plate Number |
| Vehicle #2: | _____ | _____ | _____ | _____ | _____ |
| | Year | Make/Model | State of Registration | Color | License Plate Number |
| Vehicle #3: | _____ | _____ | _____ | _____ | _____ |
| | Year | Make/Model | State of Registration | Color | License Plate Number |

PET INFORMATION: Pets are not permitted without separate, written consent, which does not have to be given and may be revoked at any time. Please check with the Leasing Department for breed and other restrictions, including the number of pets allowed. Please indicate pet's weight at full growth.

| | | | | | |
|------------|------------|-------------|-------------|-----------|--------------|
| Name _____ | Type _____ | Breed _____ | Color _____ | Age _____ | Weight _____ |
| Name _____ | Type _____ | Breed _____ | Color _____ | Age _____ | Weight _____ |
| Name _____ | Type _____ | Breed _____ | Color _____ | Age _____ | Weight _____ |

OFFICE USE ONLY

Applicant ID Type: Driver's License ; Student ID ; Military ID ; State ID Identification # _____ Expiration Date _____

ID info: _____
 Name (as it appears on Driver's License or ID) Address City, State ZIP

ID Verified by _____ Date _____ App. Fee \$ _____ Date Paid _____

Lease Term _____ # Bedrooms _____ Move-In Date _____ Rent Rate \$ _____ Deposit Amount \$ _____

Deposit Paid \$ _____ Date Deposit Paid _____

Parking – Monthly Rent \$ _____ Storage – Monthly Rent \$ _____ Applicant owns: Fridge Stove A/C

Special _____ Referred by _____

Tenant Verification Completed _____ Employment Verification Completed _____ Proof of Income received _____

Application Approved by _____ Date Applicant was approved _____ Applicant Verbally Notified of Result _____

Applicant Approved: No Additional Deposit Additional Deposit Additional Deposit Amount \$ _____



RPM Management, Inc. _____

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Application Information

Each adult age 18 and older who will reside at the property must submit a completed application and pay a non-refundable application fee of \$30.00 in the form of cash, cashier's checks or money order made payable to RPM Management, Inc. No personal checks will be accepted.

RPM seeks to qualify applicants who have legal and verifiable income of approximately three times the monthly rent, two recent years of positive rent references or ownership, and two lines of credit in good standing by a creditor reporting to Experian. Some properties will allow a co-signer in lieu of a lack of references or established credit. Each application is generally process within 2 business days.

Most agreements require a 12 month term. If pets are allowed, an additional deposit will be required for each pet.

Applicant Disclosure Form

Applicant authorizes RPM Management, Inc. to check and verify personal information relevant to evaluating his/her quality as an applicant and to research and obtain his/her credit report from Experian Credit Bureau and public records to verify all statements and representations made on the Rental Application.

Applicant Signature

Date

Print Name