

PERINO'S LUXURY APARTMENTS

APPLICATION TO RENT & DEPOSIT RECEIPT ESSENTIAL MANAGEMENT, INC.

Applicant Request

Move-In Date _____ Unit Size _____ Unit # _____ Lease Term _____

Applicant Information

First Name _____ Middle Initial _____ Last Name _____
Date of Birth ____/____/____ SS# ____-____-____ Marital Status _____
Driver's License # _____ Driver's License State _____ Expiration _____
Phone # _____ Cell Phone # _____ Email _____

Occupants

Name _____ SS# ____-____-____ Date of Birth _____ Relationship _____
Name _____ SS# ____-____-____ Date of Birth _____ Relationship _____
Name _____ SS# ____-____-____ Date of Birth _____ Relationship _____
Name _____ SS# ____-____-____ Date of Birth _____ Relationship _____

Residency

Current Address _____ City _____ State _____ Zip _____ Dates From _____ To _____
Monthly Rent _____ Landlord _____ Phone # _____ Reason for Moving _____
1st Prior Address _____ City _____ State _____ Zip _____ Dates From _____ To _____
Monthly Rent _____ Landlord _____ Phone # _____ Reason for Moving _____
2nd Prior Address _____ City _____ State _____ Zip _____ Dates From _____ To _____
Monthly Rent _____ Landlord _____ Phone # _____ Reason for Moving _____

Employment/Income

Current Employer _____ Industry _____ Position _____
Address _____ City _____ State _____ Zip _____ Dates of Employment From _____ To _____
Annual Income _____ Name of Supervisor _____ Work Phone # _____
Previous Employer _____ Industry _____ Position _____
Address _____ City _____ State _____ Zip _____ Dates of Employment From _____ To _____
Annual Income _____ Name of Supervisor _____ Work Phone # _____
Other Sources of Income, if any _____

Emergency Contact

Name _____ Relationship _____ Phone # _____ Cell Phone # _____
Address _____ City _____ State _____ Zip _____

Bank Information

Do you maintain a bank account? YES _____ NO _____
Name of Bank _____ Address _____ City _____ State _____ Zip _____

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References

Business Reference _____ Occupation _____ Phone # _____

Local Personal References

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Vehicle(s)

Make _____ Model _____ Year _____ License Plate # _____ Color _____

Make _____ Model _____ Year _____ License Plate # _____ Color _____

Pet(s)

If you own pets please complete the following:

Type _____ Breed _____ Color _____ Name _____ Age _____ Weight _____

Type _____ Breed _____ Color _____ Name _____ Age _____ Weight _____

ALL OCCUPANTS OVER 18 YEARS OF AGE MUST SIGN THE RENTAL AGREEMENT AND MUST PROVIDE PHOTOCOPIES OF DRIVER'S LICENSE, ID CARD, SOCIAL SECURITY CARD, AND WELFARE CASE NUMBER IF APPLICABLE.

ALL OCCUPANTS OVER 18 YEARS OF AGE WILL BE HELD RESPONSIBLE FOR THE USE OF THE PREMISES.

APPLICANT REPRESENTS THAT STATEMENTS MADE ABOVE ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF SAME SUBJECT TO APPROVAL BY ESSENTIAL MANAGEMENT, INC. TO RENT APARTMENT NUMBER _____ LOCATED AT 635 S. NORTON AVE., LOS ANGELES, CALIFORNIA 90005.

THE UNDERSIGNED HEREBY ACCEPTS FROM APPLICANT, THE SUM OF \$ _____ AS A DEPOSIT ON THE RENTAL OF SAID PREMISES FOR OCCUPANCY BY _____ ADULTS AND _____ CHILDREN ONLY, BEGINNING _____, 20____, AT THE RENTAL RATE OF \$ _____ PER MONTH, PAYABLE MONTHLY IN ADVANCE ON THE _____ DAY OF THE MONTH.

IF MANAGEMENT, FOR ANY REASON, CANNOT DELIVER POSSESSION OF THE PREMISES TO APPLICANT WITHIN 30 DAYS OF THE REQUESTED MOVE-IN DATE, ONLY THE DEPOSIT PAID TO MANAGEMENT SHALL BE REFUNDED TO APPLICANT WITHIN 30 DAYS.

UPON APPROVAL OF THIS APPLICATION, SAID DEPOSIT **WILL NOT** BE REFUNDED. IN THE EVENT APPLICANT IS NOT APPROVED, SAID DEPOSIT **WILL** BE REFUNDED.

APPLICANT'S SIGNATURE _____ DATE _____

MANAGER'S SIGNATURE _____ DATE _____

ESSENTIAL MANAGEMENT, INC. USE ONLY

Date Application Verified _____ Approved Declined Date Applicant Notified _____

Summary of Rent/Charges

Base Rent _____

Pet Rent _____

Parking _____

Storage _____

Other _____

TOTAL Rent/Charges _____

First Month Proration _____

Summary of Deposits

Reservation Deposit _____

Security Deposit _____

Pet Deposit _____

TOTAL Deposits _____

Summary of Lease Term

Lease Start Date _____

Lease End Date _____

Move-In Date _____

Cancellation Date _____

635 S. NORTON AVE. (AT WILSHIRE) LOS ANGELES, CA 90005

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