Phone: 714 982-7621

INSTRUCTIONS FOR SUBMITTING AN APPLICATION

- 1. Fill out the application completely and legibly. Each person 18 years of age or older must submit an application.
- 2. Mail the application along with a copy of the Calif. Driver's license or Calif. ID. And social security card for each applicant 18 years or older to: Easley Enterprises 407 W. Imperial Hwy. Ste. H320 Brea, CA. 92821 or return to the Resident Manager.
- 3. Include a money order for \$30.00 for each person 18 years or older that will be residing in the property. This includes married couples as well as singles **Payable to Easley Enterprises**. There must be a current credit check for each resident 18 years or older.
- 4. Your application will be processed immediately if your application is accurate, your references (both business and personal) return calls promptly, and you have included the correct fees and document copies. If you qualify, you will be called to arrange an appointment to sign the lease.

If you have any questions, please call Easley Enterprises at 714/982-7621

Your application will not be processed without original signatures, document copies and correct funds attached

Phone: 714 982-7621

Email: lindauer_apartments@yahoo.com

First Middle Last		Social Security	<u>'</u> #	Driver's License #
Used In The Past	Home Ph	one Cell Phon	ie	Email address
pants		Birth Date	Date Relationship To Applicant	
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	Previo	us Residence		Prior Residence
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ATTACHMENT*				
Bank/Ins	stitution Name		Balance (On Deposit or Balance Owed
cles belonging to other proposed	d occupants also) WF	HO is		
	Used In The Past Dants HISTORY Current Residence From/To RY Current Employment ATTACHMENT* Bank/Ins	There is a nee Last Birth Date Used In The Past Home Ph Dants HISTORY Current Residence Previo From/To F RY Current Employment Previous ATTACHMENT* Bank/Institution Name	There is a non-refundable Last	There is a non-refundable fee of \$3 e Last Birth Date Social Security # Used In The Past Home Phone Cell Phone Dants Birth Date Relations From/To From/To From/To From/To From/To From/To ATTACHMENT* Bank/Institution Name Balance (

Enterprises * 407 W. Imperial Hwy. Ste. H321 * Brea, CA.* Phone 714 982-7621 * Email: Lindauer_apartments@yahoo.com

PROFESSIONAL REFERENCES FIRST SECOND **Emergency Contact Nearest Relative** Name Business City Occupation **Phone Number** By signing the application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf. GENERAL INFORMATION Do any of the people How long Have you ever been served a late rent notice? Who would be living in the apartment smoke? do you think you would be renting from us? Have you ever filed for bankruptcy? If so, when? When would you be able to move in? Have you ever been convicted of a felony? Have you ever been served an eviction notice? If so, when? Do you have the total move in amount available now? Have you had any reoccurring problems with your current apartment or landlord? If yes, please explain: Why are you moving from your current address? List any verifiable sources and amounts of income you wish to have considered (optional): **** If you were to run into financial difficulty in the future and couldn't come up with the money to pay the rent, do you know someone that would Loan you the money? If so, provide the person's name, address, & phone # so that we can use them as a reference for you. **** Have you been a party to a lawsuit in the past? If yes, please explain why: ***** We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on? How did you hear about this apartment? Do you have an e-mail address we can reach you at? Do you know of anybody else looking for an apartment? Please provide their name and number. If you refer a friend and you each end up renting Separate apartments from us then we will pay you a referral reward. **Agreement & Authorization Signature**

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I further understand that there is a **non-refundable** fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the apartment. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

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Signature:	Date:	
	 Date.	

Credit References Continued:								
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	Phone:		4					
Contact:	Phone:							
Bank Information								
Name	Type Of Account	Account #		City				
Credit Cards								
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The Manager of the Premises Address:			Phone:	2				
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I/We,	, or his/he	the un	ndersigne	ed applicant(s) authorize				
landlord,, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We								
further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.								
persons to provide to Lanu	ford any and all informati	ion concerning my/	our credi	t.				
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