LA RENTALS

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E-mail: LARentals@cpmusa.com

Office hours: 10 to 5 Mon-Sat

For Office Use Only

All Applications must include:

Copy of ID/SS Card, Proof of income and Application fee:

INDIVIDUAL APPLICATION REQUIRED FROM EACH ADULT OCCUPANT*

LAST NAME		FIRST NAME		MIDDLE NAME	JR./SR.	
D.O.B.	SOCIAL SECURITY #	DRIVERS LICENSE OR I.D.	STATE	HOME PHONE	BUS. PHONE	

CURRENT ADDRESS	CITY	STATE	ZIP	RENT (\$)	FROM
CURRENT LANDLORD'S NAME	PHONE	REASON FOR LEAVING:			
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	RENT (\$)	FROM/TO
PREVIOUS LANDLORD'S NAME	PHONE	REASON FOR LEAVING:			

CURRENT EMPLOYER	PHONE	FROM SALARY (MONTH		MONTHLY)	NAME OF SUPERVISOR	
POSITION	ADDRESS			CITY	STATE	ZIP
PRIOR EMPLOYER OR 2ND JOB	PHONE	FROM / TO SALARY (MO		MONTHLY)	NAME OF SUPERVISOR	
POSITION	ADDRESS		CITY	STATE	ZIP	

BANK NAME	BRANCH ADDRESS	CHECKING ACCT. NO.	SAVINGS ACCT. NO.
CREDIT REFERENCE	ACCOUNT NUMBER	AMOUNT OWING	MONTHY PAYMENT
1.			
2.			
AUTO-MAKE	MODEL & YEAR	COLOR	LICENSE PLATE/STATE

ТҮРЕ	PET DESCRIPTION (A		
CHILD / ADULT	RELATIONSHIP		
RELATIONSHIP	ADDRESS	PHONE	
RELATIONSHIP	ADDRESS	PHONE	
	RELATIONSHIP	RELATIONSHIP ADDRESS	

I hereby certify that I am at least 18 years of age. Everything that I have stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application and submitted documents whether or not it is approved. I authorize you to verify all information contained in this application, including but not limited to, my credit, landlord, and employment information. I further authorize you to verify information regarding my residence history and credit experience. The application processing fee is **aon-refundable** charge for the administrative costs of application consideration. ONE YEAR LEASE ONLY - PARKING, IF AVAILABLE, IS NOT INCLUDED IN THE RENT. PET DEPOSIT IF APPLIES

PROPOSED PROPERTY

APT. #