



TEL 626 914-6777 FAX 626 914-4110  
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**Applicant:**

Name:

Current Address: City

State Zip Current Rent \$ per mo. How Long?

Phone# Cell# Work # SSN#

Date of Birth Drivers Lic# State

E Mail Address:

Landlord's Name Phone #

Reason For Moving:

Utilities you currently pay

Have you given a 30 day notice? Yes No Projected Move in Date:

*Please provide previous rental history if you have less than 3 years at your current address*

Previous Landlord's Name Phone #

Previous Address: City Zip

How Long Reason For Moving: Rent:\$

Have you ever been evicted? Yes No Have you ever filed Bankruptcy? Yes No

If Yes, When?

Please explain:

Do you currently have renters insurance? Yes No

**Applicant - Employment Information**

Present employer Phone #

Address City State Zip

How Long? Supervisor

Job Description NET Monthly Income

*Provide previous employment history if it has been less than 5 years at your current place of employment*

Previous employer Phone #

Address City State Zip

How Long? Supervisor

Job Description NET Monthly Income

Other Income Source

Do you pay child and/or spousal support? Yes No If so how much?

**Continue to next page**



**Co-Applicant:**

Name:

Current Address: City

State Zip Current Rent \$ per mo. How Long?

Phone# Cell# Work # SSN#

Date of Birth Drivers Lic# State

E Mail Address:

Landlord's Name Phone #

Reason For Moving:

Utilities you currently pay

Have you given a 30 day notice? Yes No Projected Move in Date:

*Please provide previous rental history if you have less than 3 years at your current address*

Previous Landlord's Name Phone #

Previous Address: City Zip

How Long Reason For Moving: Rent:\$

Have you ever been evicted? Yes No Have you ever filed Bankruptcy? Yes No

If Yes, When?

Please explain:

Do you currently have renters insurance? Yes No

**Co-Applicant - Employment Information**

Present employer Phone #

Address City State Zip

How Long? Supervisor

Job Description NET Monthly Income

*Provide previous employment history if it has been less than 5 years at your current place of employment*

Previous employer Phone #

Address City State Zip

How Long? Supervisor

Job Description NET Monthly Income

Other Income Source

Do you pay child and/or spousal support? Yes No If so how much?

**Continue to next page**





**Bank Information**

Name(s) on Account

Name of Bank

Phone #

Account #

Checking

Savings

Other Type

*Family or Personal References – You Must List 2*

Name

Address

City

Zip

Phone #

Cell #

Relationship

Name

Address

City

Zip

Phone #

Cell #

Relationship

**PLEASE READ CAREFULLY:** *The submitting of this application does not guarantee approval.*

Applicant for tenancy represents that all the above statements are true, correct and complete and hereby authorizes verification of the information provided here including but not limited to obtaining a credit report, verification of employment, verification of previous rental address and landlords legal ownership to obtain valid rental history. If you have a pet, we have the right to ask you to verify its breed and/or ask to provide renters insurance that would cover the pet(s). Applicant agrees to furnish additional information upon request. **Applicants are required to provide a copy of their current Drivers license, Social Security Card and Income Verification.** The cost of this credit processing is **\$30.00 per adult person** to be paid by the applicant. This is not rent or deposit and will not be refunded or applied to future rent or refundable in the event this application is denied.

If the applicant is approved for the premises, the property will be taken off the open listings and no further applicants will be accepted. A minimum of **\$1000.00 non-refundable deposit** is required from the applicant at the time of approval. The deposit will be used towards the Security Deposit at the time the lease is signed. **If the applicant changes their mind for any reason, the deposit will not be refunded, Deposit must be in the form of cashiers check, money order or cash.** The deposit will go towards the loss of down time and loss of rental income due to the premises being removed from the open listings.

Applicants Signature \_\_\_\_\_ Date

Co-Applicants Signature \_\_\_\_\_ Date