

# APPLICATION AND OFFER TO RENT/LEASE REAL PROPERTY

## MAP Property Management

7036 Bright Ave. Suite B.  
Whittier, CA 90602-1425  
(562) 945-3404  
FAX (562) 945-4451  
[www.mapmanagement.com](http://www.mapmanagement.com)

Property Applying for:

Initial	Date	
Approved	_____	Unit Applied For _____
Rejected	_____	Move in Date _____
Needs		
Co-Signer	_____	Rental Rate _____
Did not		
Move in	_____	DEPOSIT _____
PET DEPOSIT	_____	

**Instructions to applicant:** Use **black or blue ink** only. Except for your signature, all information in this Application must be **PRINTED** in a clean and legible manner. One Application must be filled out **ENTIRELY AND COMPLETELY** by each intended adult occupant. Each Applicant must show satisfactory identification to owner/manager at the time this Application is submitted for processing.

_____	(      )	(      )
Your Email Address	Your Cell Phone	Your Work Phone

### APPLICANT'S PERSONAL DATA

FULL NAME: FIRST-MIDDLE-LAST-GENERATION				SOCIAL SECURITY		DRIVER'S LICENSE		STATE	
All other names by which you have been known.								BIRTH DATE	
List all proposed occupants besides yourself	Name		DOB	Name		DOB	Name		DOB
	Name		DOB	Name		DOB	Name		DOB
Current address				City		State		Zip	
Date in	Date Out	Owner/Manager Name				Owner/Manager Phone Number (      )			
Monthly Rent		Reason for moving							
Previous Address				City		State		Zip	
Date In	Date Out	Owner/Manager Name				Owner/Manager Phone Number (      )			
Monthly Rent		Reason for moving							

### EMPLOYMENT HISTORY (List ALL employers for the past 5 years. START WITH PRESENT EMPLOYER)

COMPANY					
NAME	ADDRESS	PHONE	POSITION OR OCCUPATION	START DATE	MONTHLY WAGE

**BANKING INFORMATION**

BANK NAME	BRANCH	PHONE	ACCOUNT NUMBER	DATE OPENED	CURRENT BALANCE

**PERSONAL REFERENCES (NOT RELATED)**

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

**NEAREST RELATIVE (NOT LIVING WITH YOU)**

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

**IN CASE OF EMERGENCY NOTIFY**

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

**AUTOMOBILES**

MAKE	MODEL	COLOR	YEAR	LICENSE NUMBER	INSURANCE COMPANY

**ACTIVE CREDIT ACCOUNTS**

CREDITOR	YEAR OPENED	CREDITOR	YEAR OPENED

	YES	NO
Has any civil judgement been entered against you for the collection of a debt in the past 10 years?		
Do you have or intend to have water filled furniture in the rental unit?		
Do you plan to operate a home based business in the rental unit?		
Have you filed for bankruptcy in the past 10 years?		
Have you ever been evicted or refused to pay rent for any reason?		
Do you currently, or do you intend to, possess, sell, or use illicit drugs or narcotics in or about your residence?		
Have you ever been arrested for a felony or convicted for a misdemeanor?		
Do you have or intend to have any pets in the rental unit?		
If yes, what kind and how many pounds?		
If any question above has been answered "YES", please explain.		
HOW DID YOU HEAR OF THIS VACANCY?	IF ACCEPTED, HOW LONG DO YOU EXPECT TO STAY?	

**The undersigned applicant hereby** offers to rent/lease real property described herein as THE PROPERTY. Applicant has no rights to said property until a Rental Agreement/Lease is duly executed after the approval of this Application. A non-refundable processing fee of **\$45.00** to process this Application will be given by Applicant to the owner/manager when the Application is turned in for processing. Any documentation and/or information that is submitted and/or obtained with this application, remains in the custody of MAP Property Management. MAP Property Management is not required to give copies of anything pertaining to the application process.

Applicant represents all information in this Application to be true and accurate and authorizes owner/manager and his/her/its employees and agents to verify said information in person, by mail, phone, fax, or otherwise, to help determine Applicant's rental, credit, financial, and character standing. Applicant hereby releases owner/manager, his/her/its employees and agents, and all other firms or persons investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information and further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless and without any liability whatsoever. A copy, fax, or other reproduction of this Authorization shall be as effective as the original.

**X** \_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Applicant's signature

**X** \_\_\_\_\_  
Applicant's name PRINTED