



17220 Newhope, Ste. # 224 • Fountain Valley, CA 92708

Office: (714) 557-1430 Fax: (714) 557-1439

E-mail: 4rent@cfginvestments.com

Office hours: Mon – Fri 8:30 AM - 5:00 PM

24-Hour Mail Drop

www.cfginvestments.com

APPLICATION TO RENT

PROPERTY ADDRESS: _____ Referred By: _____

Date Of Occupancy: _____ Unit Size/Type: _____

APPLICANTS INFORMATION

Name: _____ Date Of Birth: _____
First Middle Last
Social Security Number: _____ Photo ID/Type: _____
E-mail address: _____ Cell/Other Phone: _____

Name: _____ Date Of Birth: _____
First Middle Last
Social Security Number: _____ Photo ID/Type: _____
E-mail address: _____ Cell/Other Phone: _____

Name: _____ Date Of Birth: _____
First Middle Last
Social Security Number: _____ Photo ID/Type: _____
E-mail address: _____ Cell/Other Phone: _____

| OTHER PROPOSED OCCUPANTS | Date of Birth | Social Security No. | Relationship | Cell/Other: |
|--------------------------|---------------|---------------------|--------------|-------------|
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RESIDENCE HISTORY

Present Address: _____ Amount of Rent \$: _____
Street City State Zip
Landlord or Mortgage Holder: _____ Phone: _____
Reason for moving: _____ Date In / Date Out: _____
Previous Address: _____ Amount of Rent \$: _____
Street City State Zip
Landlord or Mortgage Holder: _____ Phone: _____
Reason for moving: _____ Date In / Date Out: _____

Present Address: _____ Amount of Rent \$: _____
Street City State Zip
Landlord or Mortgage Holder: _____ Phone: _____
Reason for moving: _____ Date In / Date Out: _____
Previous Address: _____ Amount of Rent \$: _____
Street City State Zip
Landlord or Mortgage Holder: _____ Phone: _____
Reason for moving: _____ Date In / Date Out: _____

EMPLOYMENT HISTORY

*** Please submit proof of income ***

| | |
|---|--|
| Applicants name: _____ Employers Address: _____ Position Held: _____ Gross Income \$ _____ Wk. _____ 2-Wks. _____ Mo. _____ | Employer Name: _____ How Long?: _____ Supervisor: _____ Phone: _____ |
| Applicants name: _____ Employers Address: _____ Position Held: _____ Gross Income \$ _____ Wk. _____ 2-Wks. _____ Mo. _____ | Employer Name: _____ How Long?: _____ Supervisor: _____ Phone: _____ |
| Applicants name: _____ Employers Address: _____ Position Held: _____ Gross Income \$ _____ Wk. _____ 2-Wks. _____ Mo. _____ | Employer Name: _____ How Long?: _____ Supervisor: _____ Phone: _____ |

Will you have liquid filled furniture? _____ Will you have pets? _____ Number of Pets? _____
Description of Pets: _____ Other Remarks: _____

OTHER INFORMATION

| | | |
|--|-----------------|------------------------------------|
| Bank Name _____ | Account # _____ | Branch/Address _____ |
| Bank Name _____ | Account # _____ | Branch/Address _____ |
| Total Number of Automobiles (Including Company Cars): _____ | | |
| Make _____ | Year _____ | Color _____ Tag# _____ State _____ |
| Make _____ | Year _____ | Color _____ Tag# _____ State _____ |
| Make _____ | Year _____ | Color _____ Tag# _____ State _____ |

IN CASE OF EMERGENCY, NOTIFY:

| Name | Address | Relationship | Phone |
|------|---------|--------------|-------|
| | | | |
| | | | |

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to the obtaining of tenancy and credit reports and agrees to furnish additional credit references upon request. Applicant certifies under penalty of perjury that the foregoing is true and correct, and authorizes owner or his agents to obtain applicants' tenancy, credit and criminal history reports, and further authorizes owner and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that owner shall rely on the information provided herein, and that any material material misstatement will at owner's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction.

On the approval of application, CFG Investments Inc. will require a non refundable payment of \$55.00 per adult.

The amount charged is the cost to obtain, process and verify screening information (may include staff time and other soft costs).

Monthly utility charges & technology fee cost subject to change.

| | |
|-----------------------------|------------|
| Applicant's Signature _____ | Date _____ |
| Applicant's Signature _____ | Date _____ |
| Applicant's Signature _____ | Date _____ |
| Applicant's Signature _____ | Date _____ |

Confidential

2/2/2022

Page 2