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www.windroseplace.com

Applicant email address: _____

UNIT # _____ RENT \$ _____ DATE: _____ PLEASE PRINT

APPLICANT #1 FULL NAME _____ D L # / STATE ISSUED _____ BIRTHDATE _____ SOCIAL SECURITY # _____

APPLICANT #2 FULL NAME _____ D L # / STATE ISSUED _____ BIRTHDATE _____ SOCIAL SECURITY # _____

CHILDREN/MINOR'S THAT WILL RESIDE WITH YOU:

NAME: _____ DOB: _____ NAME: _____ DOB: _____

NAME: _____ DOB: _____ NAME: _____ DOB: _____

CURRENT ADDRESS: RENT _____ OR OWN _____ HOW LONG? _____

STREET: _____ APT. # _____ CITY: _____

STATE: _____ ZIP CODE: _____ HOME PHONE: _____ CELL PHONE: _____

REASON FOR MOVING? _____

CURRENT LANDLORD NAME: _____ PHONE: _____

PREVIOUS ADDRESS: RENT _____ OR OWN _____ HOW LONG? _____

STREET: _____ APT. # _____ CITY: _____

STATE: _____ ZIP CODE: _____ HOME PHONE: _____ CELL PHONE: _____

REASON FOR MOVING? _____

PREVIOUS LANDLORD NAME: _____ PHONE: _____

APPLICANT #1 CURRENT EMPLOYER (IF SELF EMPLOYED, NAME OF BUSINESS)

NAME: _____ POSITION: _____ HOW LONG? _____ MONTHLY GROSS: _____

ADDRESS: _____ SUPERVISOR: _____ PHONE: _____

APPLICANT #1 PREVIOUS EMPLOYER

NAME: _____ POSITION: _____ HOW LONG? _____ MONTHLY GROSS: _____

ADDRESS: _____ SUPERVISOR: _____ PHONE: _____

APPLICANT #2 CURRENT EMPLOYER

NAME: _____ POSITION: _____ HOW LONG? _____ MONTHLY GROSS: _____

ADDRESS: _____ SUPERVISOR: _____ PHONE: _____

APPLICANT #2 PREVIOUS EMPLOYER

NAME: _____ POSITION: _____ HOW LONG? _____ MONTHLY GROSS: _____

ADDRESS: _____ SUPERVISOR: _____ PHONE: _____

5 YEAR EMPLOYMENT HISTORY (USE REVERSE SIDE OR ADDITIONAL PAPER)

OFFICE USE

M/D _____ P/W _____

L/T _____ APPROVAL _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

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FINANCIAL INFORMATION

CHECKING ACCOUNT SAVINGS ACCOUNT

NAME OF BANK: _____ APPROXIMATE BALANCE: \$ _____

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CURRENT FINANCIAL OBLIGATIONS (LOANS, CREDIT CARDS ETC.)

CREDITOR: _____ TYPE OF ACCT. _____ MONTHLY PAYMENT \$ _____

CREDITOR: _____ TYPE OF ACCT. _____ MONTHLY PAYMENT \$ _____

CREDITOR: _____ TYPE OF ACCT. _____ MONTHLY PAYMENT \$ _____

CREDITOR: _____ TYPE OF ACCT. _____ MONTHLY PAYMENT \$ _____

(IF YOU NEED ADDITIONAL SPACE, USE REVERSE SIDE OR ADDITIONAL PAPER)

OTHER

DO YOU HAVE ANY PETS? _____ HOW MANY? _____ PLEASE DESCRIBE: _____

DO YOU HAVE ANY WATER FILLED FURNITURE: _____ PLEASE DESCRIBE: _____

DO YOU HAVE RENTERS INSURANCE? YES _____ NO _____

HOW MANY CARS (INCLUDE MOTORCYCLES, REC. VEHICLES, ETC) DO YOU AND THE PERSONS RESIDING WITH YOU HAVE?

MAKE _____ YEAR _____ LICENSE # _____ REGISTERED OWNER _____

MAKE _____ YEAR _____ LICENSE # _____ REGISTERED OWNER _____

MAKE _____ YEAR _____ LICENSE # _____ REGISTERED OWNER _____

HAVE YOU EVER BEEN NAMED AS A DEFENDANT IN A LAWSUIT OR HAD A JUDGEMENT ENTERED AGAINST YOU, INCLUDING EVICTIONS? _____ IF SO PLEASE EXPLAIN _____

THE UNDERSIGNED (S) HEREBY ATTEST THAT THE FOREGOING INFORMATION IS COMPLETE AND TRUE. THE UNDERSIGNED (S) HEREBY AUTHORIZES CANTWELL-ANDERSON TO VERIFY ALL INFORMATION, WHICH WILL INCLUDE A CREDIT CHECK. THE UNDERSIGNED (S) AGREE TO RELEASE AND HOLD HARMLESS CANTWELL-ANDERSON, ITS AGENTS, EMPLOYEES, AND AFFILIATES FROM ANY AND ALL LIABILITY, LEGAL PROCEEDING AND COSTS, INCLUDING ATTORNEY FEES, ARISING FROM THE VERIFICATION OF THE INFORMATION CONTAINED ON THIS APPLICATION FORM. I UNDERSTAND THAT AN INITIAL NON-REFUNDABLE FEE OF \$25.00 WILL BE PAID BY ME TO FACILITATE THE REQUIRED VERIFICATIONS.

CANTWELL-ANDERSON, INC. OFFERS EQUAL HOUSING OPPORTUNITY AND WILL NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, SEX, SEXUAL PREFERENCE, SOURCE OF INCOME, PHYSICAL DISABILITY, AGE, NATIONAL ORIGIN, OR MARITAL STATUS.

APPLICANT #1 SIGNATURE: _____ DATE: _____

APPLICANT #2 SIGNATURE: _____ DATE: _____