

PARKWOOD APARTMENTS

2636 N. INDIAN CANYON DR.

PALM SPRINGS, CA 92262

Phone (760) 320-6656 Fax (760) 320-7675

Apt #

APPLICANT

LAST NAME	FIRST	MIDDLE
SOCIAL SECURITY NUMBER	DRIVER LICENSE NO. & STATE	BIRTH DATE

Other Names By Which You Have Been Known:

OTHER PERSONS TO OCCUPY RENTAL PROPERTY

FULL NAME	RELATIONSHIP	AGE
1.		
2.		
3.		

PRESENT ADDRESS

Mgr. Name:	Phone:	Rent: \$	
Date From: To:	Reason for Leaving:		
Number & Street	City	State	Zip

PREVIOUS ADDRESSES

Mgr. Name:	Phone:	Rent: \$	
Date From: To:	Reason for Leaving:		
Number & Street	City	State	Zip

Mgr. Name:	Phone:	Rent: \$	
Date From: To:	Reason for Leaving:		
Number & Street	City	State	Zip

EMPLOYMENT

Company:	Phone:	Salary: \$	
Date From: To:	Job Title:		
Number & Street	City	State	Zip

Company Name:	Phone:	Salary: \$	
Date From: To:	Job Title:		
Number & Street	City	State	Zip

Company Name:	Phone:	Salary: \$	
Date From: To:	Job Title:		
Number & Street	City	State	Zip

OTHER INCOME

Source:	\$	
Source:	\$	
Source:	\$	

BANK ACCOUNTS

Bank / S&L:	Phone:	Balance: \$	
Date Opened:	Account No:		
Number & Street	City	State	Zip
Bank / S&L:	Phone:	Balance: \$	
Date Opened:	Account No:		
Number & Street	City	State	Zip

PERSONAL REFERENCES (not related)

Name (First & Last):			Time Known:
Occupation:			
Number & Street	City	State	Zip
Name (First & Last):			Time Known:
Occupation:			
Number & Street	City	State	Zip

NEAREST RELATIVE OR EMERGENCY CONTACT

Name (First & Last):	Phone:	Relationship:	
Number & Street	City	State	Zip

CREDIT ACCOUNTS (credit cards, loans, etc.)

Company Name:	Phone:	Balance: \$	
Date Opened:	Account No:		Mo. Pymnt: \$
Number & Street	City	State	Zip
Company Name:	Phone:	Balance: \$	
Date Opened:	Account No:		Mo. Pymnt: \$
Number & Street	City	State	Zip
Company Name:	Phone:	Balance: \$	
Date Opened:	Account No:		Mo. Pymnt: \$
Number & Street	City	State	Zip

AUTOMOBILES

Make:	Model:	Color:
Legal Owner:	License No:	Year:
Make:	Model:	Color:
Legal Owner:	License No:	Year:

	Yes	No
1. Do you have any pets? (No pets permitted)		
2. Do you have or do you intend to get any water filled furniture?		
3. Has any civil judgment been entered against you for the collection of a debt in the past ten years?		
4. Have you ever filed for bankruptcy within the past ten years?		
5. Have you ever been evicted or have you ever refused to pay rent for any reason?		
6. Have you, or do you intend to, possess, sell, or use illegal drugs or narcotics in your residence?		
7. Have you ever lived here before or do you know anyone who lives here now or in the past?		

Please explain any "YES" answers: _____

How did you become aware of our apartments? _____

When do you desire to move in? _____

Rental Rate..... \$ _____ per month

Security Deposit..... \$ _____

A deposit of \$_____ is hereby given as a deposit to hold apartment_____. Upon approval an additional deposit of \$_____ will immediately be due to hold said apartment_____. If no further deposit is made within three (3) days of approval, the original deposit is forfeited and apartment_____ will be put back on the market. If all information on this application is true and correct and yet the applicant is denied this deposit is to be fully refunded. An additional deposit of \$_____ will be made prior to move in for a total of \$_____. This is your total move in cost. No apartment will be held for more than fourteen (14) days without written approval of the management. Applicant represents that all information given on this application is true and correct and hereby authorizes verification of all references and facts, including, but not limited to obtaining Unlawful Detainer and Credit Reports. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant's Signature

Date

Home Phone: _____

Work Phone: _____

Other Phone: _____