



**STARKWOOD INC. APPLICATION TO RENT**  
**Complete separate application for each adult tenant.**

8721 Santa Monica Blvd. #339  
 Los Angeles, CA 90069  
 Tel. 310.272.5339 Fax. 310.777.8322

**1** Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
LAST FIRST MIDDLE

**2** Driver's Lic./ID #: \_\_\_\_\_ State \_\_\_\_\_ Birthdate \_\_\_\_\_  
MONTH — DAY — YEAR

**3** Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

**CURRENT**

**Address:** \_\_\_\_\_  
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**4 PREVIOUS**

**Address:** \_\_\_\_\_  
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**5 SECOND PREVIOUS**

**Address:** \_\_\_\_\_  
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**CURRENT EMPLOYMENT**

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Company Phone \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Dates of Employment - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Dates of Employment - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

WHEN DO YOU PLAN TO MOVE IN? Date: \_\_\_\_\_

Applicant represents that the statements made are true and correct and authorizes owners verification of credit, income and references. Applicant agrees to pay for said verification via check or money order made payable to the Apartment Association of Greater Los Angeles, which shall accompany this application. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If Applicant's check is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. \_\_\_\_\_ at \_\_\_\_\_

for \$ \_\_\_\_\_ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ \_\_\_\_\_ and a security deposit in the amount of \$ \_\_\_\_\_.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For purposes of credit & rent liability only: LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT.** Please put "F" for full time or "P" for part time after each name.

If this box is checked there shall be no additional occupant(s).

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

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**ADDITIONAL INFORMATION**

1. Have you ever had any credit problems?  Yes  No
2. Have you ever had an unlawful detainer filed against you?  Yes  No
3. Have you ever been evicted for non-payment of rent or for any other reason?  Yes  No
4. Have you ever filed bankruptcy?  Yes  No
5. Have you ever been convicted of a felony.  Yes  No
6. Do you have any pets?  Yes  No If Yes, How many? \_\_\_\_\_ Describe: \_\_\_\_\_
7. Will you be using any water-filled furniture in your residence?  Yes  No  
If Yes, do you have insurance coverage?  Yes  No
8. Do you have any musical instruments?  Yes  No If yes, what kind \_\_\_\_\_
9. Do you smoke?  Yes  No Does any other proposed occupant smoke?  Yes  No
10. Please explain any "YES" answers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**BANKING INFORMATION**

Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_

Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_

Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_

Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_

Other sources of income \_\_\_\_\_

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**SECTION 8 INFORMATION**

1. Are you currently a participant in the Section 8 Program?  Yes  No
2. Do you have a City of Los Angeles or County of Los Angeles voucher?  City of LA  County of LA
3. How long have you been a participant of the Sec. 8 Program?  First time on Sec. 8  1-2 Yrs  3-5 Yrs  6-10 Yrs  10 Yrs+
4. How much is your voucher for? \_\$ \_\_\_\_\_
5. Approximately how much is your monthly portion going to be? \_\$ \_\_\_\_\_
6. How many bedrooms are you looking for? \_\_\_\_\_
7. How will you be paying for Security Deposit?  I have the money  The County  Outside Agency  Family Member  
Are you going to have the deposit IN FULL prior to moving in?  Yes  No
8. Have you given your current landlord a 30 day notice yet?  Yes  No
9. Have you ever had a problem paying your portion?  Yes  No

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**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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**VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)**

Are you the registered owner?  Yes  No If not who? \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_