## 213-559-2215 tel 213-559-2295 fax support@calrental.com

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations

Full Name (Plead of Household)   Soc Sac. #   Soc Sac.											
Email   House of Household please print clearly   Email   Spouse or Co-Head)   Spouse or Co-Head)   Spouse or Co-Head   Spou	Full Name (Head of Household)					Soc.Sec.#		Da	te of Birth		Age
Full Marie (Spouse or Co-Head)   Soc Sent   Province   Province											
Plantal of Space or C-Head (please print clearly)											
Email of Spouse or Co-lead (please print clearly)	, ,								te of Birth		Age
Miles Name											
Previous Wile's Name											
Pervious Wife's Name											
Relation:   Family Member's Full Name											
Print   1.							*				
Now related, such as; son, daughter, nieege   4,		Family Member's Full Name		Age		Sex:M/F	Date of Birth	Social Security	Number	Source of In	come
Such as: son, daughter, niece   4.					Head						
	•										
Present Address	,										
City, State, Zip	daughter, niece	4.									
City, State, Zip											
Former Address											То
Past 5 Years         Former Address         City, State, Zip         From         To           Head's         Current Employer         From         To         Wages         Per Hour         Per Week         Per Month           Employment         Address         Position         Base Pay         \$         \$         \$           Past 5 Years         City, State, Zip         Position         To         Vertime         \$         \$         \$           Previous Employer         From         To         Vertime         \$         \$         \$           Address         Position         Base Pay         \$         \$         \$         \$           Spouse's or         Current Employer         From         To         Wages         Per Hour         Per Week         Per Month           Co-Head's         Address         Position         Base Pay         \$<											
Former Address   City, State, Zip   From   To   Wages   Per Hour   Per Week   Per Month											
From   To   Wages   Per Hour   Per Week   Per Month	Past 5 Years								-		
Employment   Address											
Past 5 Years         City , State, Zip         Phone #         Overtime         \$		· •	From To Wages Per Hour Per Week Per					-			
Previous Employer         From         To         Image: Control of the proper of the prope											
Address	Past 5 Years	, , , , , , , , , , , , , , , , , , ,						\$			
City , State, Zip         Overtime         \$         \$           Spouse's or Current Employer         From         To         Wages         Per Hour         Per Week         Per Month           Co-Head's         Address         Position         Base Pay         \$         \$           Employment         City, State, Zip         Phone#         Overtime         \$         \$           Previous Employer         From         To         Image: Total Control of the C											
Spouse's or Co-Head's         Current Employer         From         To         Wages         Per Hour         Per Week         Per Month           Co-Head's         Address         Position         Base Pay         \$         \$           Employment         City, State, Zip         Provious Employer         From         To         Image: Control of the province					Position						<del></del>
Co-Head's         Address         Position         Base Pay         \$         \$           Employment         City, State, Zip         Phone #         Overtime         \$         \$           Past 5 Years         Previous Employer         From To         Incompleted on the province of the		City , State, Zip						Overtime	+ '	T	
Past 5 Years   Previous Employer   Prom   To   Position   Positi	Spouse's or	Current Employer From To Wages Per Hour Per W				Per Week	Per Month				
Past 5 Years         Previous Employer         From         To         Image: Control of the position of the posit						<del> </del>					
Address   Position   Base Pay   \$   \$   \$   \$   \$   \$   \$   \$   \$	Employment	City , State, Zip Phone # Overtime \$ \$						\$			
City , State, Zip         Overtime         \$         \$           AFDC, SS, SSI, Child Support, Child Support, Disability, Chemployment, Ext.         Name of Agency         Phone #         Ext.:         Worker / File Number           Disability, Unemployment, Ext.         Other Income (Explain)         Case Worker's Name           etc.         Address         City & Zip         Amount per Month \$           Evictions         Have you ever been evicted: Yes         No         When         From: Address, City, State, Zip	Past 5 Years	Previous Employer From To									
AFDC, SS, SSI, Type of AID  Case #  Child Support, Name of Agency  Phone #  City & Zip  City & Zip  City & Zip  City & Zip  Evictions  From: Address, City, State, Zip  Case #  Amount per Month \$  Amount per Month \$  Amount per Month \$  Amount per Month \$  City & Zip  City & Zip  City & Zip  From: Address, City, State, Zip					Position			Base Pay			<del></del>
Child Support, Name of Agency Phone # Ext.: Worker / File Number  City & Zip Case Worker's Name  Case Worker's Name  Case Worker's Name  Case Worker's Name  Amount per Month \$  City & Zip		City , State, Zip						Overtime	\$	\$	\$
Disability,     Address     City & Zip     Case Worker's Name       Unemployment, etc.     Other Income (Explain)     Amount per Month \$       etc.     Address     City & Zip       Evictions     Have you ever been evicted: Yes     No     When     From: Address, City, State, Zip	AFDC, SS, SSI,										
Unemployment, etc. Address City & Zip  Evictions Have you ever been evicted: Yes No When From: Address, City, State, Zip	Child Support,										
etc. Address City & Zip  Evictions Have you ever been evicted: Yes No When From: Address, City, State, Zip	Disability,										
Evictions Have you ever been evicted: Yes No When From: Address, City, State, Zip	Unemployment,	Other Income (Explain)  Amount per Month \$									
	etc.	Address City & Zip									
If Yes, Reason why:	Evictions	Have you ever been evicted: Yes No When From: Address, City, State, Zip									
		If Yes, Reason why:									

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	Head's Driver License # or Calif. I.D. #		r Co-Head's Driver L	icense # or Calif	. I.D. #			
	Automobile - Make	Year	Vehicle	e license #				
Assets	Automobile - Make	Year	Vehicle	e license #				
	Value of Furniture: \$	Value of Personal Effect	s: \$	Real Pro	perty: \$			
Banking and	Bank		Phone #	Savir	ngs: \$	Acco	ount #	
Savings & Loans	Address			Checki	ng: \$	Acco	ount #	
Connections	City, State, Zip							
	Bank		Phone #	Savir	ngs: \$	Acco	ount #	
	Address			Checki	ng: \$	Acco	ount #	
	City, State, Zip							
Closest	Name		Phon	e #	R	elationship		
Relatives;	Address		City,	State, Zip				
Personal	Name Phone # Relationship							
References	Address City, State, Zip							
	Have you ever filed bankruptcy?	Year:	County & State	e:				
Legal	Have you ever had any suits, judgments, liens	, or repossessions, or accour	nts in collection?		Year:			
	List which ones:		County & State	:		amount? \$		
	Do you pay alimony or child support?	If yes, how much			Child Su	<u> </u>		
	Credit Company		Describe	Account #	Date Open	High Credit	Mo. Payment	Balance
Credit	Name	Phone				\$	\$	\$
References	Address	Zip						
Open & Closed	Name	Phone				\$	\$	\$
Mortage Loans	Address	Zip						
Auto Loans	Name	Phone				\$	\$	\$
Finance Loans	Address	Zip						
Stores	Name	Phone				\$	\$	\$
Others	Address	Zip						

## AUTHORIZATION TO VERIFY INFORMATION

I authorize SUBSIDIZED HOUSING CORPORATION or their agent to verify all information on this Application Form, including but not limited to landlord, credit, drug, criminal, sex offender reports. I certify that the information given in this application is true and complete to the best of my knowledge.

Date:	Applicant:	
Date:	Applicant:	
Date:	Applicant:	