

Application Instructions

*No application will be processed if not completed properly
or missing required documents*

1. Please Fill out application completely.
**Please include phone number & email address.*
2. Please print, must be legible / readable
3. List all occupants: Adults & Children
4. All **ADULT** occupants must include: Name, Age, Date of birth, Social Security Number, Driver's License number / State ID Number.
5. Please include current landlord: Name, Phone, rent amount, dates of occupancy.
6. Include Any pets (Breed / Size), number of pets. (*Subject to owner's approval)
**Service / Emotional Support Pets: must provide proper documentation / *Subject to verification*
7. **When submitting must provide:**
 1. Application (both sides / all pages),
 2. Proof of income: copy of pay stubs, **OR** Tax Return **OR** 1099 form
 3. Must provide at least: 2 months pay-check stubs **& OR** 2 years (tax return)
 4. 2 Months bank statement (proof of funds for move in) - (No phone screen shots)
 5. Copy of Driver's License / State I.D. (all adults)
 6. Pet Application (if you have pets / for each pet)
 7. Any additional documentation if necessary, for further explanation.

**All rental information will be verified:
Current landlord, employment, income, references, and credit history**

Applications can be emailed or hand
delivered *If hand delivered, must be in a sealed envelope*

Kennyhawkins@gmail.com

Primo Property Management
(Re/Max College Park Realty - Location) 10791 Los
Alamitos Blvd
Los Alamitos, Ca. 90720
Kenny Hawkins
562-477-1489 Cell
Broker / Property Manager
BRE #00937496

APPLICATION TO RENT

Return to: **Bruce Brisson: 562-596-4544**
Kenny Hawkins: 562-477-1489
Fax: 562-430-8007

brucebrisson@gmail.com
kennyhawkins@gmail.com

CA License # 00498716
CA License # 00937496

LAST NAME (APPLICANT - 1)	First Name	Middle Name	Social Security Number

Date of Birth	Drivers license No.	State	Email Address – App 1

LAST NAME (CO-APPLICANT - 2)	First Name	Middle Name	Social Security Number

Date of Birth	Drivers license No.	State	Email Address – App 2

Home Phone	Work Phone – App 1	Cell Phone – App 1	Work Phone – App 2	Cell Phone – App 2

PRESENT ADDRESS	City	State	Zip	
				From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____

Reason For Leaving

Owner/Manager Name	Owner/Manager Phone (Incl. Area Code)	Current Rent Paid \$

PREVIOUS ADDRESS	City	State	Zip	
				From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____

Reason For Leaving

Owner/Manager Name	Owner Manager Phone (Incl. Area Code)	Rent Paid \$

HAVE YOU OR YOUR CO-APPLICANT EVERY BEEN CONVICTED OF A CRIME? Yes: _____ No: _____ Please explain

HAVE YOU OR YOUR CO-APPLICANT EVER FILED A BANKRUPTCY IN THE LAST 7 YEARS? Yes: _____ No: _____ Please list dates

HAVE YOU OR YOUR CO-APPLICANT EVER BEEN EVICTED FOR NON-PAYMENT OF RENT? Yes: _____ No: _____ Please explain

NAMES OF ALL PERSONS WHO WILL OCCUPY UNIT	Age	Relationship	Do any of the occupants smoke?	
			yes	no
			yes	no
			yes	no
			yes	no
			yes	no

WILL YOU HAVE ANY LONG TERM OR PART TIME GUESTS OCCUPYING THE UNIT? Yes: _____ No: _____ Explain

WILL YOU HAVE PETS? Yes: _____ No: _____ If Yes Describe All Pets Including Breed Type & Size/Weight

AUTOMOBILE: MAKE & MODEL	Year	License Number	State

WILL YOU HAVE ANY MOTORCYCLES, TRAILERS, BOATS, RVS, OR OTHER VEHICLES ON THE PREMISES? Yes: _____ No: _____ Describe

IN CASE OF EMERGENCY NOTIFY	Address	City/State/Zip	Phone
Name: Relationship:			
Name: Relationship:			

NAME OF BANKS	Location (City/State)	Account Number	checking or savings
		Not Required	
		Not Required	

APPLICANTS CURRENT OCCUPATION	Employer/Company Name	Current Gross Income
		Weekly () Monthly()
		\$
How long with this employer?	Employer Phone Number (Including area code)	Name of Supervisor
Complete Address of Employer		

If Applicants above employment less than 2 years, then complete Section B below.

SECTION B: APPLICANTS PREVIOUS OCCUPATION	Employer/Company Name	Previous Gross Income
		Weekly () Monthly()
		\$
How Long with this employer?	Employer Phone Number (Including area code)	Name of Supervisor
Complete Address of Employer		

CO-APPLICANTS CURRENT OCCUPATION	Employer/Company Name	Current Gross Income
		Weekly () Monthly()
		\$
How long with this employer?	Employer Phone Number (Including area code)	Name of Supervisor
Complete Address of Employer		

If Co-Applicants above employment less than 2 years, then complete Section C below.

SECTION C: CO-APPLICANTS PREVIOUS OCCUPATION	Employer/Company Name	Previous Gross Income
		Weekly () Monthly()
		\$
How long with this employer?	Employer Phone Number (Including area code)	Name of Supervisor
Complete Address of Employer		

The undersigned makes application to rent housing accommodations located at _____, the rental amount which is \$_____ per month, and upon approval of this Application agrees to sign a rental or lease agreement and to pay all sums due, including required deposits, before occupancy.

The Applicants represent that all of the above information is true and correct and understand that this information can be relied upon by the Lessor (Owner/Manager) and hereby authorizes verification of all of the above items including but not limited to obtaining of credit reports, and agrees to furnish additional credit references upon request. Applicant agrees this information can be shared between Owner and Manager.

I/We declare under penalty of perjury that all of the above information is true and correct to the best of my ability.

Dated: _____ Time: _____ Applicant's Signature _____

Dated: _____ Time: _____ Applicant's Signature _____

PET APPLICATION

OWNER INFORMATION

Name: _____

Address _____ City _____ Apt. No. _____

Home Phone _____ Work Phone _____

CONDITION AUTHORIZATION FOR PET

You may keep the pet that is described below in the dwelling until the Lease Agreement expires. But we may terminate this authorization sooner if your right of occupancy is lawfully terminated or in our judgment you and your pet, your guests, or any occupant violate any of the rules in this Application.

(Please attach a photo of your pet here)

PET INFORMATION

Pet's Name: _____

Type/Breed: _____ Yr Of Birth: _____

Sex: _____ License No. _____

How long have you owned this pet? _____ (yrs/mos)

Has your pet been spayed or neutered? YES NO

Does your pet wear a collar w/visible ID? YES NO

Veterinarian: _____ Phone: _____

Vet's Address: _____

Emergency Caretaker: _____ Phone: _____

Caretaker's Address: _____

Do you have a letter from your Vet stating that your pet is in good health and up-to-date on vaccinations? YES NO

Have there been any complaints about your pet at your current address? YES NO
If so, what was the problem (and solution)? _____

Does your pet have any medical or behavioral problems? YES NO
If so, what treatment or training has pet received? _____

Who cares for your pet when you are on vacation or away? _____

How much time does your pet spend alone each day? _____

How often do you treat your pet for fleas and ticks? _____

FOR CAT OWNERS:

Do you keep your cat indoors? YES NO

Does your cat use a litter box? YES NO

FOR DOG OWNERS:

Is your dog housetrained? YES NO

Do you keep your dog on a leash when you go for walks? YES NO

Do you clean up your dog's waste when walking him? YES NO

Have you and your dog completed a dog training class? YES NO

Has your dog ever bitten anyone? YES NO

I have read and understand the policies related to keeping pets in this rental property. I and all members of my household promise to fully comply.

Date: _____

Applicant

UNAUTHORIZED USE PROHIBITED

For Members Only
Apartment Association,
California Southern Cities
Approved Form # F02 - 1/08



Disabilities Act (ADA) for titles II and III “Service Animals”

Disabilities Act (ADA) for title II (State and local government services) and title III (public accommodations and commercial facilities) on September 15, 2010, in the Federal Register.

1. Beginning on March 15, 2011, only **dogs** are recognized as service animals under titles II and III of the ADA.
2. A service animal is a **dog** that is “individually trained” to do work, or perform tasks for a person with a disability.

“Service Animals” Defined

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties.

1. The work or task a dog has been trained to provide must be directly related to the person’s disability.
2. Dogs whose sole function is to provide comfort or “emotional support” do not qualify as service animals under the ADA.
3. Service animals “**in training**” are not A.D.A. Approved until training is completed.
4. A doctor’s letter does not turn a dog into a service animal.
5. “**Online Registering**” does not convey any rights under the A.D.A. and the Department of Justice **does not** recognize them as proof that the dog is a service animal.

Emotional Support Animals or Comfort Animals

An emotional support animal is not a pet. An emotional support animal is a companion animal that provides therapeutic benefit to an individual with a mental or psychiatric disability. The person seeking the emotional support animal must have a **verifiable disability** (the reason cannot just be a need for companionship).

1. Are used as part of a medical treatment plan as therapy animals, they are not considered service animals under the ADA.
2. Must provide documentation from a physician, psychiatrist, social worker, or other mental health professional that the animal provides emotional support that alleviates one or more of the identified symptoms or effects of an existing disability. Such documentation is sufficient if it establishes that an individual has a disability and that the animal in question will provide some type of disability-related assistance or emotional support.
3. “**Online Registering**” does not convey any rights under the A.D.A. and the Department of Justice does not recognize them as proof that the pet is an emotional support animal