

RENTAL APPLICATION

Unit Address
Street City Unit # Zip

INSTRUCTIONS: ALL ADULTS MUST SUBMIT A COMPLETED APPLICATION. SECTIONS OMITTED WILL CAUSE A DELAY IN PROCESSING.

APPLICANT

Last Name First Middle SSN

Drivers License Number State Date of Birth Month Day Year

OTHER OCCUPANTS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pets: Type and Number _____ _____
<small>Name</small>	<small>Age</small>	<small>Name</small>	<small>Age</small>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<small>Name</small>	<small>Age</small>	<small>Name</small>	<small>Age</small>	

EMPLOYMENT

Company Name Street Address City State

Company Phone Your Position If Military Salary per How long

Pay Grade Month Months/Years

Other Income Source Other Income Source

RESIDENCE HISTORY

Present
Street Address Apt. # City State Zip

Owner/Landlord Name Owner/Landlord Phone From MO/YR

Previous
Street Address Apt. # City State Zip

Owner/Landlord Name Owner/Landlord Phone From MO/YR To MO/YR

Previous
Street Address Apt. # City State Zip

Owner/Landlord Name Owner/Landlord Phone From MO/YR To MO/YR

Next of Kin not living with you

Last Name First Name Phone Number

Street Address City State Zip Relationship

Automobile
Make Model Year Color License Number State

I authorize Owner or Agent to verify the above information, including but not limited to obtaining a credit report and/or unlawful detainer reports and/or criminal records.

Date _____ Applicant _____ Phone _____

Application instructions:

Each adult **MUST** submit an application.

Each application **MUST** be completed

Bring the completed application along with a picture I.D. and \$25.00 in cash or money order (no personal check) to:

Whitegate Management
900 Lane Avenue, Suite 112
Chula Vista, CA 91914

Please phone before to make sure someone is in office. 619-426-4640.