

# Louise Villas

A Rukard Residential Development

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WE THANK YOU FOR YOUR INTEREST IN ONE OF OUR RENTALS. ALONG WITH YOUR APPLICATION, PLEASE INCLUDE THE FOLLOWING:

- \$30 APPLICATION FEE FOR EACH ADULT OVER 18
- COPY OF PHOTO ID & SOCIAL SECURITY CARD
- VERIFICATION OF INCOME (YOUR PAYSTUBS FOR AT LEAST 3 MONTHS OR YOUR LAST YEAR'S TAX RETURN, ALONG WITH YOUR LAST MONTH'S BANK STATEMENT)

ALL PORTIONS OF THE APPLICATION MUST BE COMPLETED AND YOUR APPLICATION MUST BE SIGNED. SEND COMPLETED APPLICATION TO [INFO@RUKARDGROUP.COM](mailto:INFO@RUKARDGROUP.COM) OR FAX TO 818.301.3198.

***PLEASE EITHER SUBMIT OR MAIL YOUR APPLICATION FEE(S) TO OUR OFFICE LOCATED AT: 7203 RUBIO AVE., SUITE 101, LAKE BALBOA CA 91406. Please make all checks payable to: Louise Villas***

FOR ANY QUESTIONS, WE CAN BE REACHED AT 818.901.0100 EXT. 304.

THANK YOU,

MANAGEMENT



# APPLICATION TO RENT

Complete separate application for each adult tenant.



**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 Owner's verification of credit, income and references; and APPLICANT UNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant agrees to pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If Applicant pays by a personal check which 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 \_\_\_\_\_

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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 animals?  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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**CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)**

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

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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 \_\_\_\_\_