

Nupac Apartments

949 West Adam's Blvd., Los Angeles, CA 90007

Tele. (213) 745-7838 Fax (213) 744-0944

APPLICATION FOR RENTAL AT _____

Name: _____

E-Mail _____

Cellular Phone _____

Social Security No _____

Driver License No. _____

Date of Birth _____

Give the following information as to last two places of residence:

Address	City	State	Zip	Phone	From - To
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Present	_____	_____	_____	_____	_____
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Permanent	_____	_____	_____	_____	_____
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How long do you plan to live here? _____

Name of close relative whom we can contact in case of emergency.

Name	Relationship	Phone
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_____	_____	_____
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Automobile:

Make _____ Model _____ Year _____ License No. _____

Employment

Employed by _____ Supervisor _____

Address _____ Tele _____ Salary _____

APPLICANT represents that statement made are true and correct and hereby authorizes verification of references to include but not limited to credit check, unlawful detainer, and agrees to furnish additional reference on request.

A non-refundable application fee of \$ 25 is hereby paid. Applicant acknowledges that this fee is to pay the cost for credit verification.

Applicant's Signature _____