Phone: 619-276-1680 Fax: 619-276-8801

Applicant Information								
Applicant Name:								
Unit Number:			Move in Date:					
Date of birth: SSN:			Phone:					
Email Address:								
Current address:								
City: State: ZIP Code:					ZIP Code:			
Landlord/Apartment Name:						Phone:		
Own Rent (Please circle)	Monthly p	Monthly payment or rent:				How long?		
Previous address:								
City: State:					ZIP Code:			
Landlord/Apartment Name:				Phone:				
Owned Rented (Please circle) Monthly payment or rent:						How long?		
Vehicle Year:	Make/Mod	Make/Model/color:				License Plate #:		
Employment								
Current Employer:								
Employer Address: How long?								
City:	tate:		ZIP Code:					
Phone:	Email:	Email:		Fax:				
Position:	Hourly	Salary (Please circ	cle)	ual income:				
Previous Employer:								
Employer Address: How long?								
City: Sta		State:		ZIP Code:				
Phone:	Email:	:mail:		Fax:		ax:		
Position:	Hourly S	lourly Salary (Please circle)			nnual income:			
Emergency Contact								
Name of a person not residing with you:								
Address:								
City:	State:			ZIP Code:		Phone:		
Relationship:								
Names of all other persons to occupy premises (Roommates/Children								
Name: Age:								
Name: Age:								
Name: Age:								
References								
Name: Address:						Phone:		
Name: Address:						Phone:		

Villa Pacific Apartments

Rental Application

Phone: 619-276-1680 Fax: 619-276-8801

Name:	Address:	Phone:				
The undersigned hereby applies for an apartment unit and warrants that the above statements are true and correct. Authorization is given for direct contact with references and for verification of any information obtained from any source, including credit bureaus. The undersigned agrees that there is a \$35.00 charge for each credit report obtained by Villa Pacific Properties. An Apartment Holding Fee of \$500.00 is acknowledged as received. The undersigned has 48 hours to withdraw this Renal Application and request a refund of the Apartment Holding Fee, less credit report charges if completed. If such a request is not made within the said 48 hours, the						
Signature of applicant:		Date:				