



Preeminent  
Investment Corporation

## LEASE APPLICATION COVER PAGE

Date: \_\_\_\_\_

From: \_\_\_\_\_

Att: Joan Lucas or Kevin Jenkins

Contact # (\_\_\_\_) \_\_\_\_\_

Fax # (909) 354-3170

In order to process your application please provide all APPLICABLE documentation in addition to the lease application.  
If you have any questions please contact : Joan Lucas or Kevin Jenkins at (909) 597-0201.

**Required Documents:**

Received

- Most recent paycheck stubs covering a thirty day period, for all adults \_\_\_\_\_
- Other proof of income if applicable, such as Copy of Pension or Disability Award  
Letter Social Security Award Letter, Bankruptcy Papers, Divorce Decrees, etc. \_\_\_\_\_
- Two Months most current & consecutive Bank/Investment/Retirement Statements \_\_\_\_\_
- Copy of Drivers License or Government Issued Photo ID \_\_\_\_\_
- Copy of Social Security Card or Tax Identification Number \_\_\_\_\_
- Other Documents you may think to support your application(s) \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Application Received : \_\_\_\_\_

Date Application Package Complete: \_\_\_\_\_

Date If DENIED: \_\_\_\_\_

Reason: \_\_\_\_\_

Date if APPROVED: \_\_\_\_\_

Move In Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Managers Signature: \_\_\_\_\_

## Rental Application

Separate application required from each applicant age 18 or older.  
Once completed, please fax this application back to us at (909) 354-3170

### THIS SECTION TO BE COMPLETED BY LANDLORD

Address of Property to be rented: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rental Term:  month-to-month  lease from \_\_\_\_\_ to \_\_\_\_\_

#### Amounts due Prior to occupancy

First month's rent ..... \$ \_\_\_\_\_

Security Deposit..... \$ \_\_\_\_\_

Creditcheck Fee..... \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

Total ..... \$ \_\_\_\_\_

#### Applicant

Full Name - include all names you use(d): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

I agree to receive Fax transmissions from the landlord or landlord's agent (initials\_\_\_\_)

Fax Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Identifying Information: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number/State: \_\_\_\_\_

#### Additional Occupants

List everyone, including children, who will live with you (if you need additional room, please list on another paper and attach to application):

Full Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Rental History

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates lived at address: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_ Landlord/Manager's Phone: (\_\_\_\_) \_\_\_\_\_

continued on page 2

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates lived at address: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_ Landlord/Manager's Phone: (\_\_\_\_) \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates lived at address: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_ Landlord/Manager's Phone: (\_\_\_\_) \_\_\_\_\_

### Employment History

Name of current employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Position or Title: \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Position or Title: \_\_\_\_\_

### Income

1. Your gross monthly employment income (before deductions): \$ \_\_\_\_\_

2. Average monthly amounts of other income (specify sources): \$ \_\_\_\_\_

\_\_\_\_\_

Total: \$ \_\_\_\_\_

### Miscellaneous

Describe the number and type of pets (if any) you want to have in the rental property:

\_\_\_\_\_

Describe the water-filled furniture (if any) you want to have in the rental property:

\_\_\_\_\_

Have you ever: Filed for bankruptcy?  yes  no      Been sued?  yes  no

                    Been evicted?  yes  no      Been convicted of a crime?  yes  no

Explain any "yes" listed above: \_\_\_\_\_

\_\_\_\_\_

Do you smoke:  Yes  No

*continued on page 3*

## References and Emergency Contact

Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify that the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any false or incomplete statements in this application. I authorize verification of the information provided in this application through my credit sources, credit bureaus, current and previous landlords and employers, and personal references. I understand that if I have initiated a "security freeze" on my credit information with any of the credit reporting agencies, I will promptly lift the freeze for a reasonable time so that my credit report may be accessed by the Landlord/Manager; and I understand that if I fail to do so, the Landlord/Manager may consider this an incomplete application. (CC § 1785.11.2) This permission will survive the expiration of my tenancy. An application processing fee of \$35.00 is due upon making application for the rental home. THIS FEE IS NON-REFUNDABLE.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant*

Notes (Landlord/Manager): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to expedite the process, please return this signed application and provide the following documents to our office in Chino Hills:

- Last 2 pay stubs for all adults on the lease
- The two most recent months of bank statements
- Copy of your Government issued Photo ID (ie: Driver's License)
- Copy of your Social Security card or other government issued ID

Call 909-597-0201 ext. 114 with questions or to speak with the Property Manager.