



600 FRONT APARTMENTS

600 Front Street, San Diego, California 92101

Phone (619) 231-9600 Fax (619) 235-8168

"APPLICATION TO RENT"

I understand that this application does not constitute an agreement on the part of the above noted community or its agents to provide me with an apartment.

I further acknowledge the right of the above noted community, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel without penalty or liability for damages or otherwise.

I hereby authorize you to make inquiries necessary to verify the statements made herein. Should this application be accepted, I hereby undertake to ensure that the terms as set forth in the lease will be strictly carried out and that all rent payments will be promptly made on the due date.

FIRST NAME		MIDDLE NAME		LAST NAME		SOCIAL SECURITY NUMBER	
OTHER NAMES USED IN THE LAST 10 YEARS				DATE OF BIRTH (mm/dd/yyyy)		HOME PHONE NUMBER	
PHOTO ID/TYPE (i.e. Driver's License)		PHOTO ID NUMBER		ISSUED BY	EXPIRY DATE	WORK PHONE NUMBER	
OTHER ID TYPE AND NUMBER		ISSUED BY	EXPIRY DATE	E-MAIL ADDRESS		CELL PHONE NUMBER	

1	CURRENT ADDRESS #0076110620/6						
	DATE IN		DATE OUT		COMMUNITY NAME/OWNER/MANAGER		OWNER/MGR/APT PHONE NUMBER
	AMOUNT	REASON FOR MOVING					
2	PREVIOUS ADDRESS #0076110620/6						
	DATE IN		DATE OUT		COMMUNITY NAME/OWNER/MANAGER		OWNER/MGR/APT PHONE NUMBER
	AMOUNT	REASON FOR MOVING					
3	NEXT PREVIOUS ADDRESS #0076110620/6						
	DATE IN		DATE OUT		COMMUNITY NAME/OWNER/MANAGER		OWNER/MGR/APT PHONE NUMBER
	AMOUNT	REASON FOR MOVING					

LIST PROPOSED OCCUPANTS	NAME		NAME	
	NAME			

WILL YOU HAVE PETS?	(YES/NO) IF YES, PLEASE DESCRIBE	WILL YOU HAVE liquid filled furniture?	(YES/NO) IF YES, PLEASE DESCRIBE
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LIST VEHICLES TO BE PARKED ON THE PREMISES:				
Make	Model	Year	License #	Color
Make	Model	Year	License #	Color

A	Present occupation Or source of income		Company Name
	Date of Hire	Supervisor's Name	Supervisor's Phone #
	Address		City, State Zip Code
B	Previous occupation Or source of income		Company Name
	Dates of Employment	Supervisor's Name	Supervisor's Phone #
	Address		City, State Zip Code
Current gross income PER		Specify Other	List sources, frequency and average amounts of any other <u>verifiable</u> income:

NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER
		CHECKING/SAVINGS
		CHECKING/SAVINGS

In case of emergency notify:	Phone	Address	City	Relationship
1.				
2.				
Personal References:	Phone	Address	Length of Acquaintance	Occupation
1.				
2.				

*(Required) Have you ever been delinquent in payment of your rent or any other financial obligation? If yes, please explain.

*(Required) Have you ever been a defendant in an unlawful detainer action (eviction) lawsuit or defaulted (failed to perform) any obligation of a rental agreement or lease? If yes, please explain.

*(Required) Have you ever been convicted of selling, distributing or manufacturing illegal drugs?

*(Required) Have you ever filed for bankruptcy? If yes, when. _____

Applicant represents that any statements made above are true and correct and hereby authorizes verification of employment, credit and references. Applicant authorizes 600 Front Street Investments, L.P. to obtain reports that may include but are not limited to credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow 600 Front Street Investments, L.P. to disclose tenancy information to previous or subsequent Owners or Agents.

Any misstatement of facts on this application shall constitute breaking conditions of the Rental Lease and applicant shall be subject to disqualification.

I understand that the \$25.00 fee for verifying this rental application is not a deposit or rent and will not be applied to future rent, or refunded, even if this application to rent is declined.

SIGNATURE: _____ DATE: _____

Print form then sign
and return to the
600 Front Apartments