

Pomona West Apartments

815 Pomona Avenue, Chico, CA 95928
 (530) 345-4002, Fax (530) 345-2918 - E-Mail manager@pomonawest.com

APPLICATION TO RENT

All sections must be completed. Individual applications required from each occupant 18 years of age or older.

LAST NAME		FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
DATE OF BIRTH		DRIVER'S LICENSE NO.	STATE	HOME PHONE NUMBER
PRESENT ADDRESS		CITY	STATE	ZIP CODE
1	DATE IN	DATE OUT	OWNER/MGR NAME	OWNER/MGR PHONE NUMBER
REASON FOR LEAVING				
2	PREVIOUS ADDRESS		CITY	STATE
	DATE IN		DATE OUT	OWNER/MGR PHONE NUMBER
REASON FOR LEAVING				
3	PREVIOUS ADDRESS		CITY	STATE
	DATE IN		DATE OUT	OWNER/MGR PHONE NUMBER
REASON FOR LEAVING				

PROPOSED OCCUPANTS	NAME	NAME
LIST ALL IN ADDITION TO YOURSELF		

WILL YOU HAVE PETS?	DESCRIBE	WILL YOU HAVE LIQUID FILLED FURNITURE?	DESCRIBE
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A	PRESENT	NAME	EMPLOYER OCCUPATION
	HOW LONG WITH EMPLOYER	PHONE NUMBER ()	EMPLOYER THIS ADDRESS
NAME OF YOUR SUPERVISOR			
B	PRESENT	NAME	EMPLOYER OCCUPATION
	HOW LONG WITH EMPLOYER	PHONE NUMBER ()	EMPLOYER THIS ADDRESS
NAME OF YOUR SUPERVISOR			

SUPERVISOR	
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CURRENT GROSS INCOME \$ PER	CHECK ONE ? WEEK ? MONTH ? YEAR	PLEASE LIST ALL YOUR FINANCIAL OBLIGATIONS BELOW
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NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER
		CHECKING
		SAVINGS

