



POMONA WEST
COLLEGE APARTMENTS

Pomona West Apartments

815 Pomona Avenue, Chico, CA 95928
(530) 345-4002 Fax (530) 345-2918 E-Mail: pomonawest@gmail.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	
EMAIL ADDRESS							
1	PRESENT ADDRESS			CITY	STATE	ZIP CODE	
	DATE IN	DATE OUT	OWNER/MGR NAME		OWNER/MGR PHONE NUMBER		
REASON FOR LEAVING							
2	PREVIOUS ADDRESS			CITY	STATE	ZIP CODE	
	DATE IN	DATE OUT	OWNER/MGR NAME		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	
A	PRESENT			EMPLOYER OCCUPATION			
	NAME						
	HOW LONG WITH EMPLOYER	PHONE NUMBER ()	EMPLOYER THIS ADDRESS				
NAME OF YOUR SUPERVISOR							
B	PRESENT			EMPLOYER OCCUPATION			
	NAME						
	HOW LONG WITH EMPLOYER	PHONE NUMBER ()	EMPLOYER THIS ADDRESS				
NAME OF YOUR SUPERVISOR							
CURRENT GROSS \$ INCOME			PER CHECK ONE WEEK MONTH YEAR		PLEASE LIST ALL YOUR FINANCIAL OBLIGATIONS BELOW		
NAME OF YOUR BANK			BRANCH OR ADDRESS		ACCOUNT NUMBER		
					CHECKING		
					SAVINGS		

