

BELMONT SHORE LAND COMPANY

201 Covina Ave., Suite 7, Long Beach, CA. 90803. Tel. (562) 438-6532 Fax (562) 685-0960

Email: tyler@belmontshoreland.com

Application Requirements

We do credit checks for all adult applicants whether employed or not. We cannot use your credit check. Our application fee is \$25 per adult.

We require a picture identification and proof of employment and income...driver's license and payroll check stubs work best. We do not call employers to verify employment because most do not provide this information over the phone.

You must have a verifiable gross monthly income of at least 3 times the monthly rent...no exceptions. If you have substantial consumer debt we will require more than 3 times the monthly rent. We do not accept co-signors.

If you have any negative information on your credit report including late payments, collections, charge-offs or evictions we will probably not be able to rent to you. We make some exceptions if negative accounts are more than 5 years old.

It is our policy to require a 9-month lease for all apartments and a 1-year lease for condos and single family rental houses.

In the case where we receive multiple applications for the same unit preference is given to those with the better credit, higher verifiable income and the better landlord references.

Our screening requirements are applied to everyone equally without regard to race, color, religion and/or sexual preference.

Our rental agreements require all tenants to refrain from smoking anywhere on the rental property and this includes all guests and invitees.

Your signature below confirms you have read and understand these requirements.

Signature of Applicant

(Date)

Print Name

Application to Rent

Individual application required from each occupant 18 years of age or older, with all sections completed.

Last Name		First Name		Middle Name		Social Security Number		
Date of Birth		Driver's License Number		State Exp.Date		Home Phone Number		
Cell Phone Number ()		Work Phone Number ()		Email Address				
Present Address				City		State Zip		
Date In		Date Out		Owner/Manager Name		Owner/Manager Phone Number ()		
Reason for Moving								
Previous Address				City		State Zip		
Date In		Date Out		Owner/Manager Name		Owner/Manager Phone Number ()		
Reason for Moving								
Previous Address				City		State Zip		
Date In		Date Out		Owner/Manager Name		Owner/Manager Phone Number ()		
Reason for Moving								
List All Proposed Occupants in Addition to Yourself	Name			DOB	Name			DOB
	Name			DOB	Name			DOB
Present Occupation		Salary \$		<input type="checkbox"/> week <input type="checkbox"/> month		Employer Name		
How long with this employer?		Phone Number ()		Employer Address				
Name of your supervisor				City		State Zip		
Prior Occupation		Salary \$		<input type="checkbox"/> week <input type="checkbox"/> month		Employer Name		
How long with this employer?		Phone Number ()		Employer Address				
Name of your supervisor				City		State Zip		
<p>Applicant represents that the statements above and on the reverse of this form are true and correct and hereby authorizes verification of items including, but not limited to the obtaining of tenancy and credit reports and agrees to furnish additional credit references upon request. Applicant certifies under penalty of perjury that the foregoing is true and correct, and authorizes owner or his agents to obtain applicant's tenancy, credit and criminal history reports, and further authorizes owner and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that owner shall rely on the information provided herein, and that any material misstatement will at owner's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction.</p>								
Date _____		Applicant _____						



Account Number	Name of Your Bank	Branch or Address
Checking		
Savings		
Name of Creditor	Address	Phone Number
1.		()
2.		()
3.		()
In case of emergency, notify:		Mo. Pmt. Amt
		\$
		\$
		\$
Relationship:		
Address	City	State Zip Code Phone Number
		()
Personal References		Phone Number
1.		()
Address	City	State Zip
2.		()
Address	City	State Zip
3.		()
Address	City	State Zip
Mother's maiden name: _____ Will you have pets? ___ Describe: _____		
Liquid filled furniture? ___ Describe: _____ Have you ever filed bankruptcy? ___		
Have you ever been evicted or asked to move? (describe) _____		
Have you ever been convicted of a felony? (describe) _____		
Have you ever used other names? ___ If so, list _____		
Automobile: Make _____ Model _____ Year _____ License No. _____		
Automobile: Make _____ Model _____ Year _____ License No. _____		
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Date _____ Applicant _____		

