



DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
Las Margaritas Apartments
137 North Soto Street, Los Angeles, CA 90033
APPLICATION FOR ADMISSION



Las Margaritas Apartments will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.

Please notify the business office if you need auxiliary aids such as large type face, information by audio tape, computer disk, Braille and/or in a language other than English. Best efforts will be made to accommodate such requests.

I SPEAK: (Arabic) عربي ☐ ; (Cantonese) 广东话 ☐ ; (Mandarin) 国语 ☐ ; (Korean) 언어 ☐ ; (Russian) **Русский** ☐ ; (Spanish) **Español** ☐ ; (Tagalog) Tagalog ☐ ; (Vietnamese) **Tiếng Việt** ☐

TDD Telephone device for the deaf only or California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

APPLICANT NAME: _____
DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____
CURRENT ADDRESS: _____ **APT. #:** _____
CITY, STATE, ZIP CODE: _____
PREVIOUS ADDRESS: _____ **APT. #:** _____
CITY, STATE, ZIP CODE: _____
HOME PHONE #: _____ **WORK #:** _____ **OTHER WORK #:** _____
CELL PHONE #: _____ **OTHER#:** _____ **FAX #:** _____
E-MAIL: _____

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME: _____ 2. NAME: _____
ADDRESS: _____
ADDRESS: _____
PHONE #: _____ PHONE #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

LAST NAME	FIRST NAME SOC. SEC. #	BIRTHDATE (MM/DD/YYYY)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

THIS IS A NON-SMOKING COMMUNITY).

Smoking is prohibited on the property, including but not limited to all units and common areas.

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ YES ____ NO. If "YES", please explain _____

Do you plan to have anyone living with you in the future who is not listed above?

____ YES ____ NO. IF YES, PLEASE EXPLAIN: _____

If you have listed a child or children above, do you have full custody of your child(ren) listed above?

____ YES ____ NO. Explanation of custody arrangements: _____

Do you have any family members or friends who currently work at this property and/or with John Stewart Company, the Management Agent?

YES. _____ If "YES", name of employee: _____

NO. _____

Do you have a section 8 voucher or certificate? _____ Expiration Date: _____

Yes No

Please list at least two (2) years of rental history below.

1. **CURRENT LANDLORD:** _____
PHONE #: _____ FAX #: _____
WHAT IS YOUR CURRENT RENT? _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____
YOUR ADDRESS/APT. #: _____

2. **PREVIOUS LANDLORD:** _____
PHONE #: _____ FAX #: _____
RENT AMOUNT: \$ _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____
YOUR ADDRESS/APT. #: _____

INCOME INFORMATION

Does any family member now receive or expect to receive income from any of the following sources?
For each "YES" answer, provide the details in the chart below:

<u>Income</u>		<u>Monthly Gross Income</u>
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we am self-employed. (List nature of self-employment and Family Member) 	(use <u>net</u> income from business) \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> / <u>Family Member</u> 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive unemployment benefits.	\$ _____ \$ _____

<input type="checkbox"/> <input type="checkbox"/> YES No	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we receive periodic social security payments. <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we receive Supplemental Security Income (SSI). <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we receive disability or death benefits other than Social Security. <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we am currently receiving child support payments.	\$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we receive alimony/spousal support payments	\$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources and Family Member	

	1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we receive student financial aid (public or private, not including student loans). <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
	TOTAL HOUSEHOLD MONTHLY INCOME	\$ _____
	TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME x 12)	\$ _____

Asset Information

Value		Interest Rate	Cash
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we have a checking account(s). If yes, list bank(s) and Family Member 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we have a savings account(s) If yes, list bank(s) and Family Member 1) _____	_____% _____%	\$ _____ \$ _____

	2) _____ 3) _____	_____% 	\$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we have a revocable trust(s) If yes, list bank(s) 1) _____	_____% 	\$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we own real estate. If yes, provide description: _____ _____		\$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and Family Member 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/> YES No	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) and Family Member 1) _____ 2) _____	_____% _____%	\$ _____ _____