

LOFFMAN

PROPERTY MANAGEMENT

Rental Application

Fax To: 916-580-1052

approved denied
Credit check fee received: _____
DEPOSIT RECEIVED: _____
Utilities changed: _____
move in date: _____
Notes:

Please Print

Property Address Applying For:	Desired Move in Date:
---------------------------------------	------------------------------

Last Name:		First Name:		Middle Name:	
Social Security Number:			Date of Birth:		
Drivers License #	Home Phone #	Cell Phone Number:	Work/Alternate Phone #		
Email:					

1.	Present Address:	City:	State:	Zip Code:	
	Move In Date:	Move Out Date:	Owner/Mgr. Name:	Owner/Mgr. Phone #	
	Reason for Moving:				
2.	Previous Address:	City:	State:	Zip Code:	
	Move In Date:	Move Out Date:	Owner/Mgr. Name:	Owner/Mgr. Phone #	
	Reason for Moving:				
3.	Previous Address:	City:	State:	Zip Code:	
	Move In Date:	Move Out Date:	Owner/Mgr. Name:	Owner/Mgr. Phone #	
	Reason for Moving:				

Number of Proposed Occupants:	
Name(s) and Date of Birth:	
1.	3.
2.	4.

Pets? If Yes, describe:	Liquid Filled Furniture?	Do You Smoke?
-------------------------	--------------------------	---------------

