Must Be Submitted with:

- Proof of income
- Copy of drivers licenses
- Application Fee
- **Application will not be processed if incomplete or illegible**

Freeman Property Management, Inc. 2979 Rancho California Road #102 Temecula, CA 92591 (951)693-9244 (951)693-0199 Fax

| Todays Date: | | Property Applied for: | | Date of desired occupancy: | | | | | | | |
|---|-----------------------------|-----------------------|---------------|----------------------------|--|--|--|--|--|--|--|
| 4 Applicant | | | | | | | | | | | |
| Last Name: | First Name: | Middle Name: | Soc.Sec#: | Date of Birth: | | | | | | | |
| Driver's License & State: | | Home Ph# | Work PH# | Cell Ph# | | | | | | | |
| Email: | | | | | | | | | | | |
| | | Residential History | , | | | | | | | | |
| Present Address: | City: | State: | | Zip Code: | | | | | | | |
| Date In Date Out: | Owner/Mar | ager Owner/Manager Ph | # | Monthly Payment Amount: | | | | | | | |
| Reason for Moving: | | | | | | | | | | | |
| 1 st Previous Address: | City: | State: | | Zip Code | | | | | | | |
| Date In Date Out: | Owner/Manager | Owner/Manager Ph # | | Monthly Payment Amount: | | | | | | | |
| ^{2nd} Previous Address: | City: | State: | | Zip Code | | | | | | | |
| Date In Date Out: | Owner/Manager | Owner/Manager Ph # | | Monthly Payment Amount: | | | | | | | |
| Reason For Moving: | | | | | | | | | | | |
| | | Employment Informat | ion | | | | | | | | |
| Present Occupation: | | Employer Name: | | Employer Address: | | | | | | | |
| Employer Ph# | | Monthly gross: | | | | | | | | | |
| Prior Employment if less that Co Applicant Last Name: | First Name: | Middle Name: | Soc.Sec#: | Date of Birth: | | | | | | | |
| Last Name. | rust ivanc. | Middle Name. | Зос.зссπ. | Date of Birth. | | | | | | | |
| Driver's License & State: | | Home Ph# | Work PH# | Cell Ph# | | | | | | | |
| Email: | | | | | | | | | | | |
| | | Residential History | r | | | | | | | | |
| Present Address: | City: | State: | | Zip Code: | | | | | | | |
| Date In Date Out: | Owner/Mar | ager Owner/Manager Ph | # | Monthly Payment Amount: | | | | | | | |
| Reason for Moving: | | | | | | | | | | | |
| 1st Previous Address: | City: | State: | | Zip Code | | | | | | | |
| Date In Date Out: | Owner/Manager | Owner/Manager Ph # | | Monthly Payment Amount: | | | | | | | |
| ^{2nd} Previous Address: | City: | State: | | Zip Code | | | | | | | |
| Date In Date Out: | Owner/Manager | Owner/Manager Ph # | | Monthly Payment Amount: | | | | | | | |
| Reason For Moving: | | | | | | | | | | | |
| Employment Information | | | | | | | | | | | |
| Present Occupation: | | Employer Name: | | Employer Address: | | | | | | | |
| Employer Ph# | | Supervisor Name: | Date of Hire: | Monthly gross: | | | | | | | |
| Prior Employment if less tha | in 2 years or other income: | | | | | | | | | | |

| Major Cre | ditors: App | licant | | (| Co Applicant: | 1 | | | | | |
|-----------------|--------------------------------------|--|-------------|-----------------|-------------------|-----------------------|---------------|---|--------------------|--|--|
| Creditor | Type Act | Bal | Pymt | | Creditor | Type Acct | Bal. | | Pymt | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Bank Inform | mattion: Anr | olicant& Co-App | l licant | | | | 1 | | | | |
| Bank Name | nattion: 11pp | Bank Phone # | псин | Type Account | | Account Number | | Account Balance | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Person Refe | erences: | I. | | | | | | ı | | | |
| 1. Family Memb | | | Phone | : | |] | Relationship: | | | | |
| Complere Addre | ess: | | | | | | | | | | |
| 2.Local Address | 3. | | Phone | .• | | | Relationship | | | | |
| | | | Thone | • | | | Relationship | | | | |
| Complete Addre | ess: | | | | | | | | | | |
| 3. Emergency C | Contract: | | | | | | | | | | |
| Co Applicar | nt Person Re | ferences: | | | | | | | | | |
| 1. Family Memb | ber: | 101 011003. | Phone | : | | 1 | Relationship: | | | | |
| Complere Addre | ess: | | | | | | | | | | |
| 2.Local Address | | | Phone | | | | Dalationahin | | | | |
| | | | Phone | : | | Relationship | | | | | |
| Complete Addre | ess: | | | | | | | | | | |
| 3. Emergency C | Contract: | | | | | | | | | | |
| Proposed O | ccunants | | | | | | | | | | |
| Name: | ecupunts. | Date Of I | Birth: | | Name: | | Da | ate Of Birtl | 1: | | |
| Name: | | Date Of Birth: | | | Name: | Name: Date Of Birth | | | | | |
| | | | | | T turne. | | | | • | | |
| Vehicles | | 36.11 | | T +7 | | 7. 37.1 | | g | | | |
| Make | | Model | | Year | | License Number | r | State | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | dicate Applicant | | | | | TE | 1 | | | |
| Have you e | ever been deli | nquent in paymen | ts of you | ar rent or oth | er financial of | oligation? | _ IF yes e | xplain: | | | |
| | | | | | | | | | | | |
| Have you e | ever been evic | cted or asked to me | ove, or f | iled bankrup | tcy: | If yes Explain | n: | | | | |
| | | | | | | | | | | | |
| General Qu | estions: | | | | | | | | | | |
| | d Furniture: ` | YES / NO | Pets: | Yes/NO | | Smok | ers: Yes | /NO | | | |
| Describe: | | , | Descri | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Check Only | v if · | | | | | | | | | | |
| • | | plied for site uns | een | | | | | | | | |
| | | leposit is required. T | | sit will go tow | ards your secu | rity deposit as lon | g as the mo | ve in is | completed, For any | | |
| reason | you do not wi | sh to move in to the | property | this deposit is | not refundable | . | | | | | |
| | | ove information to be and eviction report(s) a | | | | | | | | | |
| not a deposit o | r rent, and will enial as soon as | not be applied to futu possible by phone or n | ire rent o | r refunded, eve | n if the applicat | ion to rent is declin | ed. Applica | nt(s) will | be notified of | | |
| Applicant | | | Date | | Co-Appl | icant | | | Date | | |
| zppncani | | | Date | | Co-Appi | icalit | | | Date | | |