



# APPLICATION FOR RENTAL

14000 Palawan Way  
 Marina del Rey, CA 90292  
 (310) 822-2001 phone (310) 822-4840 fax  
 www.marinersbay.com

Bldg #	Apt #
Rent Amt.	

Last Name of Applicant		First	Initial	Spouse's First Name & Initial	
Home Phone	Work Phone		Cell Phone		Apt. to be occupied by ____ people.
Current Street Address			City	State & Zip	Lived here how long?
Applicant Birthdate		Driver's License No.		State	Social Security No.

Additional Residents		
Please list any other parties that will be residing in the unit		
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

Previous Rental Information			
Landlord/Mortgage Company Name & Address	Landlord's Fax	Landlord's Phone	Monthly Payment
Do you have a lease or do you own the property?	When did your lease begin?		When does your lease expire?
Previous Address (If in current less than 2 years)	Prev. Landlord's Phone	Dates of Occupancy	
Previous Landlord's Name & Address	Prev. Landlord's Fax	Monthly Payment	

Income Information			
Applicant Employer	Supervisor's Name	Phone	Dates of Employment
Employer Address	State & Zip	Position Held	Salary \$ _____ per _____
Previous Employer's Name & Address (if employed less than a year)			Phone
Dates of Employment	Position Held	Salary \$ _____ per _____	Supervisor's Name
Additional Income Amount \$ _____ per _____		Source of Additional Income	

Emergency Contact Information					
Applicant's Closest Relative	Address	City	State & Zip	Relationship	Phone
In Case of Emergency Call	Address	City	State & Zip	Phone	
Family Physician	Address	City	State & Zip	Phone	

Additional Information					
Do you have any pets?			How many?		
Car 1	Make	Model	Year	Color	License No.
Car 2	Make	Model	Year	Color	License No.
Name & address of referring party _____					

Applicant authorizes the release of information to MARINERS BAY regarding previous employers and rental history. The undersigned applicant hereby declares that the representations of fact contained in the foregoing application are considered part of my lease and are true and correct. Applicant agrees that if any information herein contained is false, the lessee made on the strength of this application may, at the option of the landlord be terminated at any time. Applicant acknowledges that MARINERS BAY will check your credit history as well as eviction history for qualification purposes. If you would like a copy of your credit report you must notify us in writing prior to us running the credit check. Mariners Bay bay will retain any documents submitted with the application whether or not the application is approved.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Rental Agent: \_\_\_\_\_

Date: \_\_\_\_\_