OFFICE USE ONLY							
Mo/Vear received	Annroved	Not Approved	Other				

Rental Application for Lassen View Apartments

595 E. Lassen Avenue, Chico, CA 95973 Phone 530/343-0267 FAX 530/ 343-0268

NOTE: Each prospective occupant over 18 years of age is required to complete an application for this residency.

IF NOT SUBMITTING APPLICATION IN PERSON, PLEASE INCLUDE COPY OF YOUR DRIVER'S LICENSE When completed please send to the address listed above or FAX to 530/343-0268

Today's Date:	_ Desired Date of Occup	pancy	Applying for (circle one): 1BR 2BR	
Applicants full name			Date of birth		
Social Security No	Driver's License # & State				
Names & ages of other proposed	l occupants				
RESIDENT INFORMATION	: Home Phone #		Wireless Phone #		
Current Address		City	State	Zip	
How long lived here	Landlord or Mortg	gage Co Name			
Phone number of Landlord or M	ortgage Co	Monthly payment \$			
Previous Address		City	State	Zip	
Previous Landlord or Mortgage	Co		Phone		
EMPLOYMENT INFORMAT	TION:				
Present Employer			How Long		
Employer Address	City		StatePhone		
Position	Supervisor		Monthly Wages \$		
Previous Employer			How Long	<u> </u>	
Employer Address		City	StatePhon	ne	
Position	Supervisor		Monthly Wages \$		
OTHER INFORMATION:					
Total Number of Vehicles	Make/Model/Ye	ear/Color			
Do you have a pet: YesNo_	Type & weight:		Do you smoke? Y	esNo	
Other Sources of Income: \$ Comments:			Telephone		
In case of emergency notify:	otify:		Relationship		
Address		Home p	hone Work P	hone	

DATE

APPLICANTS SIGNATURE