MANAGERS – Visual Proof of Drivers License or State I.D.: ☐ Yes ☐ No I.D. Checked by:_____

Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source

Co. ID:_____

☐ CREDIT ☐ CREDIT/CRIMINAL/EVICTION ☐ COMPREHENSIVE

☒ Non-smoker [ ] Smoke outside only [ ] Smoke inside

APPLICATION TO RENT Apartment # 801 Move-in Date_____ Rent $_____ Lease_____

☐ Applicant ☒ Roommate w/ Nathan eshelman ☐ Cosigner ☐ Section 8

APPLICANT INFORMATION

(LEGAL) Last Name	First	Middle	Soc. Sec. #	Date of Birth
Abrica	Jennifer	Amanda	615-41-8648	09/03/2003

Other Names Used	Driver License #/State	Email Address	Contact Phone Number
	Y6063759	jabrica0903@gmail.com	310-863-2334

Other Persons to Occupy Rental:		Full Name	Relationship	DOB		Full Name	Relationship	DOB
	1	Nathan Eshelman Fiancé 04/11/04			3			
	2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB

Animal(s) to occupy unit: Attach separate sheet if needed		Name	Type	Weight		Name	Type	Weight
	1	Bucky	Dachshund	6 pounds	2			

RESIDENCE HISTORY

Present Address	City	State	Zip	From	To	Monthly Pmt
1425 Amapola Ave	Torrance	CA	90501	August 2023	Present	$ 2,500

Landlord Name ☐ Mortgage Co ☐ Apartment Community ☐ Relative/Friend ☐ Employer/Corp Housing ☒ Independent Landlord ☐ Own ☒ Rent

Lupe Landlord Daytime Phone: 424-263-7510 Landlord Evening Phone:

Previous Address	City	State	Zip	From	To	Monthly Pmt
						$

Landlord Name ☐ Mortgage Co ☐ Apartment Community ☐ Relative/Friend ☐ Employer/Corp Housing ☐ Independent Landlord ☐ Own ☐ Rent

Landlord Daytime Phone: Landlord Evening Phone:

EMPLOYMENT HISTORY

Current Employer	Monthly Salary	Supervisor's Name	How long?
GLP Attorneys at Law	$ 3,840	Elizabeth Brooks	Yrs Mos 1 week

Address	City	State	Zip	Phone	Occupation/Department
18 S Mission St #203	Wenatchee,	WA	98801	509-300-1633	Medical records specialist

☒ Previous Employer ☐ 2nd job	Monthly Salary	Supervisor's Name	How long?
Titan Legal Services	$ 2,400	Ashley Tausgua	Yrs Mos 8

Address	City	State	Zip	Phone	Occupation/Department
2050 W 190th St #200	Torrance,	CA	90504	800-441-4107	Follow-up Expeditor

ADDITIONAL INCOME – Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder

Amount $ per Sources

VEHICLE INFORMATION

	Year	Make	Model	License State	License Number
Auto #1					
Auto #2					

EMERGENCY INFORMATION

Nearest Relative	Relationship	Address	City	State	Zip	Phone
						( )
Emergency Contact Elizabeth Ramirez	Relationship Mom	Address 1425 Amapola Ave	Torrance	CA	90501	Phone ( ) 310-902-8337
Personal Reference	Relationship	Address	City	State	Zip	Phone
						( )

Have you entered into a plea of guilty or no contest, or otherwise been convicted of a criminal offense, for which you were released from incarceration, probation or parole in the past seven (7) years?* ☐ Yes ☒ No

IF YES, please list the date, city, state and type of all convictions: _____

Attach separate sheet if necessary.

Are you or anyone who will be residing in the rental unit required to register as a sex offender? ☐ Yes ☒ No

Have you been asked to vacate by a current/previous landlord? ☐ Yes ☒ No

IF YES: APT NAME:_____ **CITY**_____ **STATE**_____

***Please note that a criminal conviction does not necessarily disqualify you for residency. Refer to the applicable rental criteria for more information.**

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Global Verification Network, whose address is PO Box 95258, Palatine, IL 60095, and whose telephone number is (877) 695-1179, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Non-Refundable Processing Fee $_____ **Check/Money Order #**_____

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of $_____ has been paid. Applicant requests landlord to hold Unit_____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed_____ Applicant Dated 08/11/26

Signed_____ Landlord _____ Position Dated_____

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.