Avalon Apts. of Santa Monica

www.AvalonAptsOfSM.com

1032 7th St., Santa Monica CA 90403

Managed by:

Lambert Investments, Inc.

www.Lambertinc.com

Keith Lambert 310-437-0677



You can send us PDF files via email with a Zelle for the Application Fee. Zelle via cell phone number 310-990-6161 or Keith@Lambertinc.com or hand deliver application with a check to Keith Lambert, at 4824 McConnell Ave., Los Angeles, CA 90066

	Applicants' O	mer to Rent	
For the rental unit of: From: Name:	1032 7 th St. Santa Monica, Ca 9	00403	
Other Occupants:			_
Phone:	Cell:		
Email:			
Dear Avalon Apts of S.M	l.,		
I would like to rent the ap	partment and am willing	to;	
Start my rental on			
I offer to pay a rental	rate of \$	monthly	for the apartment.
•	ays the SMRC Reg fee of the line phone and interned lener, etc. Laundry is contact the line of the lin	of \$9.50 on real of tonnections. oin operated.	nts, and their own Electricity. Lessor pays for the Water, The shared community
I am submitting the attace and verify my financial a		plication fee.	Please check my references
	n approved for the apar		on as possible after being s usually ~1.5 x rent with good
Signed:		Date:	-
Signed:		Date:	[] Cosigner



Residential Rental Application

Office Use Only:				approved
Received on:	Unit:	Rent:	SD:	Start Date:

Avalon Apartments of S. M. Keith Lambert - Mgr. 310-437-0677 Marinina - On-Site Mgr. 310-729-2380

A complete application is required of each adult occupant. Please fill in with as much detail as possible. False statements on this application will be grounds for eviction. The application fee is non-refundable. Call in the phone numbers for past landlords and references if not presently known. Circle as needed the "Y" for Yes and the "N" for No. Copies of pay stubs & bank statements help speed up the process. Please make it readable.

Applicant:		Contact Ema	il:				
Name:	Social Security Number:						
Drivers License #:		Sta	ate:	Birth o	Birth date:		
Home Phone:	Woi	k Phone: _		Ce	ell:		
Current Address: Street:		l Init:	City		State:	Zin:	
Rent: Unit Size/Type: _		Onit.	idence since	·····	State	Zip	
Owner/Mgr:							
			Listanı				
Previous Address: From to _			-				
Street:					State:	Zin:	
Owner/Mgr:	Phone:	01111	Reason for r	move:	_ Otato	_ ZIP	
Previous Address: From to _							
Street:					State:	Zip:	
Owner/Mgr:	Phone:		Reason for r	move:		p	
Current:							
Employer:	S	Supervisor:		Phone:			
Position:Address:							
				1 ay 50	ab Submitted. 🗆		
Previous: Employer:	c	Supervisor:		Phone:			
Position:	Salarv	/ Rate:	/Mo Fr	Friorie om:	 Το		
Address:							
Other Income:							
Source:		Contact:		_ Phone:		-	
Account:							
Address:				Proof	Submitted: □		
	Credit: Revolvir	ng Credit (M/C	and Visa) will sh	now on credit re	ports.		
Bank/S&L/Credit Union:			Address:				
Acct#:	Approx. Bal	Savings A	.cct#:		Approx. Bal.		
Bank/S&L/Credit Union:			Address:				
Acct#:	Approx. Bal	Savings	Acct#:		Approx. Bal.		
Other Creditor:		Address	S:				
Phone: Acct #							
		Personal	References:	<u>: </u>			
Reference:		Relationship		Hm. Pho	one:		
Address:					one:		
Reference:		Relationship		Hm. Pho	one:		
Address:		•			 one:		

	Applic	cant Name:	Page 2
	Emergency Conta	acts:	
Contact:	Relationship:	Hm Phone:	
Address:			
Contact:	Relationship:	Hm. Phone:	
Address:	State: Zip:	Cell Phone:	
	Proposed Occupants of	Apartment:	
□ Only Named Applicant alone or □ applicant	t and the following persons:		
0			cation is required of each adult occupant.
Occupants:			
Occupants:			
Occupants:	Relationship:	Age if under 18:	Employed: Y / N
	Vehicles:		
Do you own a vehicle? Y / N Make/Model:	Color: _	License:	State:
Do you own a 2 vehicle? Y / N Make/Model:	Color:	License:	State:
	Other Important Infor	mation:	
Are you able to provide a co-signer / guaranto	or if requested? Y / N Name:		Relation:
Do you have any pets? Y / N Number:	Type:	Names:	
Do you own or are planning to acquire water f	illed furniture? Y / N Can you p	rovide proof of insurance	? Y/N
Do you smoke? Y/N Does any of the other	r proposed occupants smoke? Y	/ N	
Have you had any credit problems? Y/N H	lave you EVER had an unlawful o	detainer filed against you	? Y/N
Have you EVER filed for bankruptcy? Y / N	Have you EVER been evicted fo	r non-payment of rent?	Y / N If Yes, year of Eviction:
Have you or other proposed occupants ever b	peen convicted of a felony? Y / N	If Yes explain	
How were you referred to us? □ Driving by □	□ Friend □ Web site:	□ Other Adve	rt. in
Use this space to further explain Yes answers wher	re needed. i.e. credit and legal issues	5	
Applicati	ion and Authorization to A	Acquire Information	n:
Return with \$42.00 Fee to	o: Keith Lambert at 4824 Mo	Connell Ave. Los An	geles, CA 90066
l,	, represent that the sta	itements above are	true and correct. I authorize
that the above information may be ve up to and including verification of fina			
legal case reporting services, crimina			
Applicant agrees to pay for said verificat		•	, .
part of the application process and the c	harge is for administrative co	sts, for the various rep	ports, to offset the costs to verify
references and past references. It is non			•
The application fee (check or money or and screening is \$42.00 (per adult res			
management office. If applicant's check returned check fee of \$50. To use Zelle'	c is returned for any reason t	he applicant agrees to	make good at once and pay a
The undersigned does hereby apply to be	e considered for the rental and	d agree to the above to	erms.
Applicant:			Time
Olghature	Date		Timo