



Barry Saywitz Properties

4740 Von Karman Ave., Suite 100, Newport Beach, CA 92660 Tel. 949.930.7500 Fax. 949.930.7555
www.saywitzproperties.com

RESIDENT APPLICATION

Please read instructions before completing your application

1. Complete this application (2 Pages). Each prospective adult occupant over the legal age must submit a complete application. Please remember to sign at the bottom of the application and completely fill in all the information required.
2. There is a \$30.00 application fee for each adult that will reside at the property applying for. This fee will only be accepted in the form of cash, money order, or cashier's check made out to **BARRY SAYWITZ PROPERTIES**. (No personal checks will be accepted). Fee is non-refundable.
3. We want to meet with all prospective residents, so please call us to set-up an appointment to drop off your application and application fee.

APPLICANTS – EACH INDIVIDUAL OVER 18 YEARS OLD MUST COMPLETE A SEPARATE APPLICATION

1. PROPERTY INFORMATION

Property Address: _____
 Rental Term to Commence: ____/____/____ Term of Rental: _____ months Application Fee: **\$30.00**
 Monthly Rent: \$ _____ Security Deposit: \$ _____ (OAC)

2. APPLICANT'S INFORMATION

Name: _____ DOB: ____/____/____
 DL #/State: _____ SS #: ____-____-____
 Home Phone: _____) Work Phone: _____) Cell Phone: _____)
 Email Address: _____

Occupants under 18 years old which will occupy the property, (use another sheet of paper if more space is required).

Name(s)	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. RESIDENCE HISTORY

Current Residence: _____
 Street City State Zip
 Rent Own Move-In Date: ____/____/____ Move-Out Date: ____/____/____ Monthly Rent: \$ _____
 Do you live with Roommates? Yes No If yes, what is your portion of the rent? \$ _____ No. of Bedrooms: _____
 Current Landlord: _____ Phone: _____)
 Landlord's Address: _____
 Street City State Zip

FOR OFFICE USE ONLY:
 Reference Verified By: _____ Comments: _____
 Name Date

Previous Residence: _____
 Street City State Zip
 Rent Own Move-In Date: ____/____/____ Move-Out Date: ____/____/____ Monthly Rent: \$ _____
 Did you live with Roommates? Yes No If yes, what was your portion of the rent? \$ _____ No. of Bedrooms: _____
 Previous Landlord: _____ Phone: _____)
 Landlord's Address: _____
 Street City State Zip

FOR OFFICE USE ONLY:
 Reference Verified By: _____ Comments: _____
 Name Date

4. EMPLOYMENT HISTORY

Current Employer: _____ Phone: _____)
 Employer's Address: _____
 Street City State Zip
 Your Position: _____ Name of Supervisor: _____

No. of Years: _____ Gross Monthly Income: \$ _____

Previous Employer: _____ Phone: _____)
 Employer's Address: _____
 Street City State Zip
 Your Position: _____ Name of Supervisor: _____

No. of Years: _____ Gross Monthly Income: \$ _____

5. OTHER INCOME

Do you receive any other income other than wages or salary? Yes No If yes, how much and from what source? Please describe.

6. BANKING

Type of Account: Checking Savings Money Market

Bank Info: _____
Name of Bank Street City State Zip

7. IN CASE OF EMERGENCY CONTACT (Closest Relative Living Near You)

Name: _____ Phone: _____ Relationship: _____

Address: _____
Street City State Zip

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

8. LIST OF ALL VEHICLES TO BE PARKED ON PREMISES

Color	Make	Model	Year	License Number

9. EDUCATION (Most Recent)

High School College Bus./Tech./Trade Name of School: _____

Address: _____
Street City State Zip

10. OTHER INFORMATION

Have you ever been a defendant in an unlawful detainer (eviction) lawsuit, or defaulted (failed or perform) any obligation of a Rental Agreement or Lease? Yes No If yes, please explain:

Have you ever filed for bankruptcy? Yes No If yes, please explain:

Do you smoke tobacco? Yes No Have you ever been convicted of a crime? Yes No If yes, please explain:

Do you own a Pet / or require other accommodations? Yes No Type (circle one): Dog / Cat / Bird
Other: _____ How many?: _____ (Pet Deposit and Monthly Pet Rent Required- Breed Restrictions Apply)

11. PERSONAL REFERENCE: Please provide personal references other than relatives. These personal references will be contacted. Please make sure all information is correct and current.

Reference # 1:

Name: _____ Phone: _____ Relationship: _____

Address: _____
Street City State Zip

Reference # 2:

Name: _____ Phone: _____ Relationship: _____

Address: _____

The information on this application is true and correct to the best of my knowledge. I hereby authorize Barry Saywitz Properties and their representatives or agents to verify the above information and to obtain a consumer and/or an investigative credit report. I understand that the fee for verifying this application is not a deposit or rent and will not be applied to rent or refunded even if this application is denied.

Applicant understands that Barry Saywitz Properties is relying on information provided in this application and that any false information or statements provided herein may result in the immediate termination of applicant's residency when any such false information is discovered.

Applicant Signature: _____ **Date:** _____



**PLEASE COMPLETE ONE APPLICATION FOR EACH ADULT AND RETURN TO:
THE SAYWITZ COMPANY 4740 VON KARMAN AVE., SUITE 100, NEWPORT BEACH, CA 92660**