



**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 money order, or cashier's check made out to **BARRY SAYWITZ PROPERTIES**. (No cash or 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**