

SAVOY WEST APARTMENTS 7270 Franklin Avenue Los Angeles, CA 90046 Leasing Office: (323) 874-3747 Fax: (323) 874-9551

Qualifying Criteria For All Applicants: (for Co-signer see separate Co-signer Criteria)

- Occupancy Limit Studio- Max of 2 people
 Occupancy Limit 1x1 Max of 3 people
 Occupancy Limit 2X1 Max of 5 people
- Valid Photo Identification All Adult Applicants Over 18 years of Age
- Social Security Card All Adult Applicants Over 18 years of Age
- <u>3 Current Consecutive Pay stubs</u>- For All Applicants
- Self-Employed Applicants need 6 months current bank statements and prior 2 years Tax Returns
- "Other Income" 3 Months Current Bank Statements and/or prior 2 years Tax Returns
- Combined Gross Income: MUST BE 2.5X 3X MONTHLY RENT (PRE-TAX)
- Rental Application Signed and Completed (please write "N/A" for any items that do not apply)
- Holding Deposit of \$100.00 In a Check, Money Order, Debit or Credit Card
- Application Fee \$ 40.00 In a Check or Money Order, Debit or Credit Card, per applicant 18 years or older and separate from the \$100.00 holding agreement
- 2 Years of Verifiable Rental/Mortgage History
- 2 Years of VerifiableEmployment history or Other source of Income
- Any Bankruptcies Must be Discharged/No Evictions or Balance Owed to Apartment or Management Company
- Renter's Insurance is Required as a condition of your Lease and the Minimum Coverage must be at least \$100,000 for Personal Liability. You can purchase a policy with www.renterslive.com
- If you purchase a policy other than eRentersPlan Franklin Fuller Properties LLC/Triumph Management must be listed on the policy as an "ADDITIONAL INTEREST".
- RUBS- Resident will be billed via a 3rd party company for water, sewer and trash.

Please be aware that the Amount of Security Deposit is based on the entire Application Process. (Credit results, Rental History Verification, Income Verification, and Employment Verification).

- Balance of Deposit and Lease Signing is DUE within 3 days of approved application
- Should you cancel after the 3 days Savoy West Apartments will retain the entire security deposit
- Proof of Renter's Insurance coverage due on or before move in Keys will not be issued without a current policy

Thank you for considering Savoy West Apartments, as your future home.

Signature	Date	-



SAVOY WEST APARTMENTS RENTAL APPLICATION

7270 Franklin Avenue, Los Angeles, CA 90046|Direct: (323)874-3747|Fax: (323)874-9551

Please provide us with all the information requested below.

Incomplete information will only delay the processing of your Rental Application.

PLEASE PRINT CLEARLY

EMAIL ADDRESS:						
First name	Middle	Last				
Social Security #Date	of Birth	Drivers License #				tate
Mobile Phone ()	w	ork Phone ()			
Full Name (all other Occupants)	Age					
RENTAL HISTORY - Two (2) years						
1.) Current Address:						
Street	Apt#	(Dity	State	Zip	
Apt. Complex Name	From	/ To _		t. Rent Paid \$_		Monthly
Owner/Mgr:		INO/TR	IVIO/TR			Monthly
Full Name	Street	City	State		Zip	
Owner/Mgr. Telephone # ()			Leaving			
Mortgage Company (If Owned):		ddress	Telephone#	Loan #		
2.) Previous Address:			· 			
Street	Erom	Apt#	City	State	Zip	
Apt. Complex Name	FIOIII	/ 10 _ MO/YR	/AIII MO/YR	t. Kent Palu \$_		Monthly
Owner/Mgr:	Street	City	State		Zip	
Owner/Mgr. Telephone # ()					Zip	
Mortgage Company (If Owned):						
Name Of Comp	any A	ddress	Telephone#	Loan #		
3.) Prior Address:		Apt#	City	State	Zip	
Apt. Complex Name	From		/ Am	t. Rent Paid \$_		
Owner/Mgr. Telephone # ()		MO/YR Reason for	MO/YR Leaving			Monthly
			J			
Mortgage Company (If Owned):Name Of Comp	pany A	ddress	Telephone#	Loan #		
EMPLOYMENT HISTORY- Two (2) years						
1.) Current Employment:	Addres	Street	City	State	Zip	
Gross Monthly Salary \$ Pos	ition		,	/ To	•	
Supervisor	В	usiness Phor	ne ()			
Full Name Position			·			
2.) Previous Employment:	Addre	Street	City	State	Zip	
Gross Monthly Salary \$ Pos	sition		•	/ To		,
Supervisor Pos			From ()			
Supervisor	D	uəllicəs FilOl	··· ()			

DANKING INFORMA	ATION					
Checking Account:						
Savings Account:	Bank Name			Type of Account Phone		#
Savings Account.	Bank Name		-	Type of Account		#
REFERENCES						
		_				
First Name	Last Name	Relationship		Address		Phone Number
First Name	Last Name	Relationship		Address		Phone Number
Emergency Contact						
MISCELLANEOUS I	Full Name		Relationship	Pho	ne#	Address
MISCELLANEOUS	INI ORMATION					
Pet 1:						
Description : Name	Breed	Color	Age	Weight	Height	
Pet 2:						
Description: Name	Breed	Color	Age	Weight	Height	
Water-filled Furnitu	re:					
	Description			Nur	nber of Items	
Automobiles / Moto	rcycles to be parke	ed on premises:				
		-				
Year	Make	Model	(Color	License P	late #
Year	Make	 Model		Color	License P	
Have you ever been						
riave you ever been	demiquent in pay	inchi or your rei	it or any our	Ci illianciai (obligation: 17	
If yes, please explain	in:					
Have you ever been obligation of a renta					•	
APARTMENT RESE	RVATION AGREEM	IENT				
Apartment #	at Savoy We	est Apartments,	7270 Frankli	n Ave. Los A	ngeles CA 9004	16
Monthly Rental: \$			l ease T	erm·		
•						
The undersigned has a deposit in con-					d applied in the	e following order:
1.) <u>\$40.00</u> Per Appli	cant 18+Over (Con	stitutes a non-re	efundable fe	e for proces	sing a consume	er report)
2.) \$100.00 shall be application is not a						
3.) Once applicant(s		-		_		
good faith for the a remainder of the de Savoy West Apartm	pplicant. Applican posit, and sign the	t has 3 days afte lease to contin	er approval o	date to chang he apartmen	ge their mind or it. After the 3 d	to pay the
The information on th Savoy West Apartmen report. I understand t to future rent or refun	is application is true its or its agents to ve hat the \$35.00 fee for	and correct to the rify the above info	best of my keermation and tall	nowledge. I h to obtain eithe n is not a depo	ereby authorize er a consumer or i osit or rent and w	ill not be applied
Signature:				Date:	1	Fime:

