



FOR STAFF USE ONLY

Reference No: _____ Application No. _____

No. of bedrooms _____ Date application received: _____

Application for _____ Apartments

RENTAL APPLICATION

How did you hear about us? _____

Instructions

PLEASE PROVIDE THE FOLLOWING:

1. Completed application.
2. Copies of Birth Certificates for entire family.
3. Copies of Social Security Cards for entire family (if applicable).
4. Copy of Driver's License or California I.D.
5. Copy of Car Registration.
6. Current verification of Income, (i.e. last 3 MONTHS Pay Check Stubs, current Notice of Action Letter for Cal Works recipient or current award letter from Social Security Administration Office, etc.).
7. State and Federal Income Tax returns.
8. Current copies of Checking and Savings account and/or 401(k) account statements.
9. Copy of Rent Receipts for the last three (3) months and Rental Contract/Lease.
10. Signature of all persons over age eighteen (18) on all documents.

SUBMIT YOUR APPLICATION:

1. Applications can be delivered ***in person*** only from 8:00 a.m. to 3:00 p.m., Monday through Friday.
2. Applications can also be ***mailed*** to NEW, 303 Loma Drive, LA, CA 90017, Attn: Compliance.
Be sure to keep a copy of your application for your own records.

PLEASE NOTE:

- If you have ever been evicted, have a history of bad credit, or own (have owned) a property before, your application may be denied.
- If you fail to fill out your application completely, your application may be denied.
- A \$20.00 credit check fee per adult will be required to complete the process.

NEWCapital 303 Loma Drive Los Angeles, CA 90017 Phone (888) 222-2988



(1) Head of Household # 1

A. Name of Applicant:
B. Social Security No.:
C. Date of Birth:
D. Driver's License or California ID No:
Are you a Student? () Yes () No If yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time

(2) Head of Household #2

A. Name of Co- Applicant:
B. Social Security No.:
C. Date of Birth:
D. Driver's License or California ID No:
Are you a Student? () Yes () No If yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time

(3) Occupants (List all OTHER persons who will live in the apartment)

	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	BIRTHDATE	STUDENT Yes or No
3					Y / N
4					Y / N
5					Y / N
6					Y / N
7					Y / N
8					Y / N

(4) Current Address

Address _____ Apt # _____ City _____ State _____ Zip Code _____	Current Phone No. () --
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Manager's Name:	Manager's Phone:	How long have you resided here?	Monthly Rent Payment: \$
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Former address if you have lived at your current address less than 12 months:

City _____ State _____ Zip Code _____ # _____

(5) Employment Information

A. Name of Applicant's Employer:	B. Name of Co-Applicant's Employer:
Applicant's Occupation:	Co-Applicant's Occupation:
Address: _____	Address: _____
Phone: ()	Phone: ()
Monthly Income (Gross): \$	Monthly Income (Gross): \$
Years/Months employed here:	Years/Months employed here:

(6) Other Income and Assets

Assets include:

Property funds within a trust, equity in real or capital investments, notes receivable, stocks, bonds, money markets, IRAs, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collection, etc.)

Assets do not include:

Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, cash value of life insurance policies, assets of a business and wages from employment.

1. Are the assets (as defined above) of the whole household LESS than \$5,000? () Yes () No
2. Have you sold or given away real estate or other assets in the past two years?
 () Yes () No If yes, what was the market value of the assets? \$ _____

(Check Yes or No for Each Box)

TYPE	YES	NO	MONTHLY AMOUNT	FAMILY MEMBER NAME	SOURCE NAME
TIPS					
BONUSES					
COMMISSIONS					
UNEMPLOYMENT					
SOCIAL SECURITY					
SSI					
PENSION					
VA PENSION					
DISABILITY					
GENERAL RELIEF					
PUBLIC ASSISTANCE (Cal Works)					
ALIMONY					
CHILD SUPPORT					
SAVINGS ACCOUNTS					
CHECKING ACCOUNTS					
CERTIFICATES OF DEPOSIT					
RETIREMENT ACCOUNTS					
STOCKS					
BONDS					
MONEY MARKETS					
T-BILLS					
TRUSTS					
IRA					
KEOUGH					
REAL STATE HOLDING					
INVESTMENTS					
LUMP SUM PAYMENTS					
SCHOLARSHIPS					
GRANTS					
STIPENDS					
NON-CASH COMPENSATION					
RECURRING GIFTS					
DISPOSED ASSETS (LAST 2 YRS.)					
OTHER					
OTHER					

(7) Public Assistance (If you are currently receiving public assistance you must complete this section.)

Type of Assistance	Monthly Amt.	Case No.	File No.	Case Worker's name	Case Worker's Phone No.	Best time to call
1.						
2.						

(8) Checking Account Information

Checking Account Number for HH #1	Bank Name & Address: _____
Checking Account Number for HH #2	Bank Name & Address: _____

(9) Savings Account Information

Savings Account Number for HH #1:	Bank Name & Address: _____
Savings Account Number for HH #2:	Bank Name & Address: _____

(10) Credit References (Not ATM or Debit)

Credit Card (Visa, MasterCard, etc.)	Account Number:	Expiration Date:
Credit Card (Visa, MasterCard, etc.)	Account Number:	Expiration Date:

(11) Automobile Identification

Make:	Model:	Year:	Color:	License Plate No.
(1)				
(2)				
(3)				

(12) Emergency Notification Information

Name	Address	Work/Cell #	Home Phone #	Relationship (eg. cousin)
1)				
2)				

(13) Student Status

Are you currently a student? () Yes () No (Skip to #14)

If yes, please answer the following questions:

- 1. Are you () Part-time () Full-time?
- 2. Is the household comprised of a single parent and child, neither of whom is a dependent of a third party? () Yes () No
- 3. Are Applicant and Co-applicant married and filing a joint tax return? () Yes () No
- 4. Does the household receive AFDC? () Yes () No

(14) General Information

- 1. Do you have any pets? () Yes () No
- 2. Are you willing to abide by the house rules? () Yes () No
- 3. Is there any derogatory information about you or any one in the application, other than given above, which would affect a decision as to your credibility as a tenant(s)? () Yes () No
- 4. Have you ever filed for Bankruptcy? () Yes () No
- 5. Have you ever been evicted from tenancy? () Yes () No
- 6. Have you ever had any credit problems? () Yes () No
- 7. Have you ever had a 3-day notice served on you? () Yes () No.
- 8. Why are you leaving your present address? _____

IMPORTANT: I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I also understand it is my responsibility to contact the Manager in writing at least every 6 months in order to keep my application on the waiting list.

I hereby apply to lease an apartment from NEW. As an inducement to New Capital, Agent for the owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that NEW residency entails certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be make under the penalty of perjury.

I hereby waive any claim to damages by reason of non-acceptance. Upon acceptance of this application, I agree to execute a Lease Agreement before possession is delivered and to pay the Security Deposit and move-in costs.

By execution of this application, I hereby authorize New Capital to verify and make investigations of my personal identity, student status, all types of income received by my household, landlord references, credit and/or criminal history. I understand that such investigations typically include (but are not limited to) verification of employment, salary, assets, rental history and consumer credit or criminal reports. A \$20.00 fee will be required for a credit/criminal report per person. There are **no refunds**, even if your application is denied during the process.

SIGNATURE OF APPLICANT: _____

DATE: _____

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