



Barry Saywitz Properties
 4740 Von Karman, Suite 100, Newport Beach, CA 92660 TEL: 949.930.7500 FAX: 949.930.7555
<http://www.saywitzproperties.com>

Bruce Roberts * Leasing Manager * (949) 930-7509 * broberts@saywitz.com
Kim DeMorato Aguirre * Property Director * (949) 930-7532 * kdemorato@saywitz.com

RESIDENT APPLICATION
PLEASE READ INSTRUCTIONS BEFORE COMPLETING YOUR APPLICATION

- A. Complete this application. Each prospective occupant over the age of 18 must submit a complete application. Please remember to sign at the bottom of the application and completely fill in all the information required.
- B. There is a \$30.00 application fee for each adult applicant. (For example: Married couples must pay \$60.00, not \$30.00). This fee will only be accepted in the form of cash, money order or cashier's check, (No personal checks will be accepted to run credit checks) made out to **BARRY SAYWITZ PROPERTIES**. Fee is non-refundable.
- C. 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.

APPLICATANTS – EACH INDIVIDUAL OVER 18 MUST COMPLETE A SEPARATE APPLICATION

1. Property Information

Property Address: _____ Date: _____

Rental Term to Commence: _____ Term of Rental: _____

Monthly Rent: _____ Security Deposit: _____ Application Fee Amount: _____

Name: _____ DL#/State: _____ EXP DATE: _____ DOB: ____/____/____ SS#: ____ - ____ - ____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

Marital Status: Single Married Divorced Separated Widowed

Minor children who will occupy the property - Include full name, age and relationship:

2. Residence History

Current Residence: _____

Rent Own Street City State Zip
 Move in date: _____ Move out date: _____ Monthly Payment: \$ _____

Do you live with Roommates? Yes No If yes, what is your portion of the rent?: _____ No. of Bedrooms _____

Current Landlord Name: _____ Phone: _____

Landlord Address: _____

Previous Residence: _____

Street City State Zip
 Rent Own Move in date: _____ Move out date: _____ Monthly Payment: \$ _____

No. of Bedrooms: _____ Previous Landlord Name: _____ Phone: _____

Landlord Address: _____

3. Employment History

Current Employer: _____ Phone: _____

Employer Address: _____

Street City State Zip
 Your Position: _____ Supervisor: _____ How Long? _____

Gross Monthly Income: \$ _____

Previous Employer: _____ Phone: _____

Employer Address: _____

Street City State Zip
 Your Position: _____ Supervisor: _____ How Long? _____

Gross Monthly Income: \$ _____

