



IPS REALTY MANAGEMENT, INC.
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NON-REFUNDABLE APPLICATION FEE OF \$35.00 PER PERSON, CASH ONLY, EXACT CHANGE, REQUIRED ALONG WITH COPY OF DRIVERS LICENSE OR PHOTO I.D. AND SOCIAL SECURITY IN ORDER TO PROCESS.

ADDRESS APPLYING FOR: _____

Applicant Information

Last Name:	First Name:	Middle Name:
Date of birth:	SSN:	E-mail:
Driver's License No:	Cell Phone:	

Current address:

City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly payment or rent:	How long?
Owner/Manager Name:	Owner/Manager Phone No:	
Reason for moving:		

Previous address:

City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/>	Monthly payment or rent:	How long?
Owner/Manager Name:	Owner/Manager Phone No:	
Reason for moving:		

EMPLOYMENT INFORMATION

Current employer:

Name of supervisor:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Annual income: \$

Previous employer:

Name of supervisor:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Annual income: \$

PROPOSED OCCUPANTS (NAME, AGE AND RELATIONSHIP TO YOU OF ALL OCCUPANTS)

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Will you have pets?	Describe:	

Will you have liquid filled furniture?	Describe:		
Has applicant or any proposed occupant been party to an unlawful detainer within the last 7 years? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Has applicant or any proposed occupant filed bankruptcy within the last 7 years? No <input type="checkbox"/> Yes <input type="checkbox"/>			
If yes, explain:			
Has applicant or any proposed occupant ever been asked to move? No <input type="checkbox"/> Yes <input type="checkbox"/>			
If yes, explain:			
CREDIT INFORMATION			
Description	Acct No	Balance:	
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Acct No	Phone:	
PERSONAL REFERENCES			
Name:	Address:	Phone No	
AUTOMOBILE			
Make	Model	Year	License No.
OTHER ASSETS OR SOURCES OF INCOME			
Description	Amount per month or value		
Applicant understands and agrees: (i) this is an application to rent and does not guarantee that applicant will be offered the Premises; and (ii) Landlord and Manager and Agent may accept more than one application for the Premises and, using their sole discretion, will select the best qualified applicant.			
Applicant represents the above information to be true and complete, and hereby authorizes IPS Realty Management, Inc. (i) verify the information provided; and (ii) obtain credit report on applicant			
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date

