



CFG Investments, Inc.
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Office Hours: Mon. – Fri. 9:00 AM – 5:00 PM
 24-Hour Mail Drop

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4rent@cfginvestments.com

APPLICATION TO RENT

Referred By: _____

Address: _____

TYPE AND SIZE OF APARTMENT WANTED: _____

DESIRED DATE OF OCCUPANCY: _____

PERSONAL INFORMATION

Applicant's Full Name: _____

Date Of Birth: _____ SSN: _____

OTHER RESIDENTS	Social Security Number	Relationship	Date Of Birth
	-- --		/ /
	-- --		/ /
	-- --		/ /
	-- --		/ /
	-- --		/ /
	-- --		/ /
	-- --		/ /

Do you own liquid filled furniture? _____ Pets? _____

Other Remarks: _____

RESIDENCE HISTORY

Present Address: _____ City: _____ ZIP: _____

Present Telephone #: _____ Cell/Other Phone : _____

Length of time at Present Address: _____ Amount of Rent \$ _____

Present Landlord or Mortgage Holder: _____ Phone: _____

Reason for moving: _____

Previous Address: _____ City: _____ ZIP: _____

Length of time at Previous Address: _____ Amount of Rent \$ _____

Previous Landlord or Mortgage Holder: _____ Phone: _____

Reason for moving: _____

Previous Address: _____ City: _____ ZIP: _____

Length of time at Previous Address: _____ Amount of Rent \$ _____

Previous Landlord or Mortgage Holder: _____ Phone: _____

Reason for moving: _____

Bank _____ Branch _____

Checking Account # _____

***Please submit verification of income* EMPLOYMENT HISTORY**

Employer: _____	How Long: _____
Employers Address/City: _____	SSN: _____
Position Held: _____	Supervisor: _____
Gross Income \$ _____ Wk. ____ 2-Wks. ____ Mo. ____	Phone: _____
Employer: _____	How Long: _____
Employers Address/City: _____	SSN: _____
Position Held: _____	Supervisor: _____
Gross Income \$ _____ Wk. ____ 2-Wks. ____ Mo. ____	Phone: _____
Employer: _____	How Long: _____
Employers Address/City: _____	SSN: _____
Position Held: _____	Supervisor: _____
Gross Income \$ _____ Wk. ____ 2-Wks. ____ Mo. ____	Phone: _____
Employer: _____	How Long: _____
Employers Address/City: _____	SSN: _____
Position Held: _____	Supervisor: _____
Gross Income \$ _____ Wk. ____ 2-Wks. ____ Mo. ____	Phone: _____

OTHER INFORMATION

Number of Automobiles _____	Driver's License #: _____	Name: _____
(Including Company Cars)	#: _____	Name: _____
	#: _____	Name: _____
	#: _____	Name: _____
Make _____ Year _____ Color _____	Tag# _____	State _____
Make _____ Year _____ Color _____	Tag# _____	State _____
Make _____ Year _____ Color _____	Tag# _____	State _____

In case of Emergency, Notify _____

Address: _____ City: _____ ZIP: _____

Telephone: _____ Cell Phone: _____ Relationship _____

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including but no limited to the obtaining of a credit report and agrees to furnish additional credit references on request.

Applicant's Signature _____	Date _____
Applicant's Signature _____	Date _____
Applicant's Signature _____	Date _____
Applicant's Signature _____	Date _____