



17220 Newhope, Ste. # 224 • Fountain Valley, CA 92708

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Office: (714) 557-1430 Fax: (714) 557-1439

24-Hour Mail Drop

E-mail: 4rent@cfginvestments.com

www.cfginvestments.com

APPLICATION TO RENT

PROPERTY ADDRESS:	Referred By:
Date Of Occupancy:	Unit Size/Type:

APPLICANTS INFORMATION

Name: _____			Date Of Birth: _____
First	Middle	Last	
Social Security Number: _____		Photo ID/Type: _____	
E-mail address: _____		Cell/Other Phone: _____	

Name: _____			Date Of Birth: _____
First	Middle	Last	
Social Security Number: _____		Photo ID/Type: _____	
E-mail address: _____		Cell/Other Phone: _____	

Name: _____			Date Of Birth: _____
First	Middle	Last	
Social Security Number: _____		Photo ID/Type: _____	
E-mail address: _____		Cell/Other Phone: _____	

OTHER PROPOSED OCCUPANTS	Date of Birth	Social Security No.	Relationship	Cell/Other:

RESIDENCE HISTORY

Present Address: _____		Amount of Rent \$: _____
Street	City	State Zip
Landlord or Mortgage Holder: _____		Phone: _____
Reason for moving: _____		Date In / Date Out: _____
Previous Address: _____		Amount of Rent \$: _____
Street	City	State Zip
Landlord or Mortgage Holder: _____		Phone: _____
Reason for moving: _____		Date In / Date Out: _____

Present Address: _____		Amount of Rent \$: _____
Street	City	State Zip
Landlord or Mortgage Holder: _____		Phone: _____
Reason for moving: _____		Date In / Date Out: _____
Previous Address: _____		Amount of Rent \$: _____
Street	City	State Zip
Landlord or Mortgage Holder: _____		Phone: _____
Reason for moving: _____		Date In / Date Out: _____

EMPLOYMENT HISTORY

* Please submit proof of income *

Applicants name: _____	Employer Name: _____
Employers Address: _____	How Long?: _____
Position Held: _____	Supervisor: _____
Gross Income \$ _____ Wk. _____ 2-Wks. _____ Mo. _____	Phone: _____

Applicants name: _____	Employer Name: _____
Employers Address: _____	How Long?: _____
Position Held: _____	Supervisor: _____
Gross Income \$ _____ Wk. _____ 2-Wks. _____ Mo. _____	Phone: _____

Applicants name: _____	Employer Name: _____
Employers Address: _____	How Long?: _____
Position Held: _____	Supervisor: _____
Gross Income \$ _____ Wk. _____ 2-Wks. _____ Mo. _____	Phone: _____

Will you have liquid filled furniture? _____ Will you have pets? _____ Number of Pets? _____

Description of Pets: _____ Other Remarks: _____

OTHER INFORMATION

Bank Name _____	Account # _____	Branch/Address _____		
Bank Name _____	Account # _____	Branch/Address _____		
Total Number of Automobiles (Including Company Cars): _____				
Make _____	Year _____	Color _____	Tag# _____	State _____
Make _____	Year _____	Color _____	Tag# _____	State _____
Make _____	Year _____	Color _____	Tag# _____	State _____

IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Relationship	Phone

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to the obtaining of tenancy and credit reports and agrees to furnish additional credit references upon request. Applicant certifies under penalty of perjury that the foregoing is true and correct, and authorizes owner or his agents to obtain applicants' tenancy, credit and criminal history reports, and further authorizes owner and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that owner shall rely on the information provided herein, and that any material material misstatement will at owner's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction.

On the approval of application, CFG Investments Inc. will require a non refundable payment of \$45.00 per adult.

The amount charged is the cost to obtain, process and verify screening information (may include staff time and other soft costs).

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