

Fax to David Linder (213) 487 7066 with copy of check for credit check fee of \$25.00 (no cover page necessary)

Applicant Information

Address of the unit you are applying for: _____

Applicant's Name: First _____
Middle Initial ____ **Last** _____

Applicants Social Security Number _ _ _ - _ _ - _ _ _ _

Drivers License Number _____ **State Issued** _____

Date of Birth _____

Current Address _____ **Apt#** _____
City - _____ **State -** _____ **Zip -** _____

Previous Address _____ **Apt#** _____
City - _____ **State -** _____ **Zip -** _____