



WESTMORE APARTMENTS
Premium Living at Affordable Pricing!

APPLICATION FOR CORPORATIONS

PLEASE COMPLETE EVERY QUESTION

Application Date ____/____/____ Move-In Date ____/____/____
Address Applying for _____ Leasing Agent _____

COMPANY INFORMATION

LEGAL NAME OF BUSINESS _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ E-MAIL _____
TYPE OF BUSINESS _____ COMPANY WEBSITE _____
LOCAL BRANCH OR CORPORATE OFFICE? _____ NUMBER OF EMPLOYEES _____
DATE OF INCORPORATION _____ STATE OF INCORPORATION _____
TAX ID# _____ D&B RATING _____ DUNS # _____
ADMINISTRATIVE CONTACT _____ TITLE _____ PHONE _____
ACCOUNTS PAYABLE CONTACT _____ TITLE _____ PHONE _____

LEGAL STATUS:

___ Corporation: Name / Address of Three Officers
___ Partnership: Name / Address / Social Security Number of All Partners*
___ Proprietorship: Name / Address / Social Security Number of All Owners*
___ Other: Please Specify _____

*Only owners/partners holding 50% or more of company

Name	1. _____	2. _____	3. _____
Title	1. _____	2. _____	3. _____
Address	1. _____	2. _____	3. _____
City, State, Zip	1. _____	2. _____	3. _____
Social Security #	1. _____	2. _____	3. _____

SS# will allow a Personal Credit Report to be ordered

LIST THREE (3) BANK REFERENCES:

1. _____
Name of Bank _____ Phone _____ Contact _____
Address _____ City _____ State _____ Zip _____
Account # _____ Type of Account _____

2. _____
Name of Bank _____ Phone _____ Contact _____
Address _____ City _____ State _____ Zip _____
Account # _____ Type of Account _____

3. _____
Name of Bank _____ Phone _____ Contact _____
Address _____ City _____ State _____ Zip _____
Account # _____ Type of Account _____

LIST THREE (3) TRADE REFERENCES:

1. _____
Name of Business _____ Phone _____ Contact _____ Title _____
Address _____ City _____ State _____ Zip _____

2. _____
Name of Business _____ Phone _____ Contact _____ Title _____
Address _____ City _____ State _____ Zip _____

WESTMORE APARTMENTS
Premium Living at Affordable Pricing!

FOR OFFICE USE ONLY...
\$20.00 Occupancy Fee Paid

1. _____ 2. _____
3. _____ 4. _____

3. _____
Name of Business Phone Contact Title
Address City State Zip

OCCUPANT INFORMATION

LIST ALL PEOPLE TO RESIDE IN THE UNIT:

1. FULL NAME (LAST) _____ (FIRST) _____ (MI) _____ GENERATION _____
DOB ____/____/____ SOCIAL SECURITY # _____-____-____ SEX ____ MARITAL STATUS _____ (Optional)
DAYTIME PHONE _____ RELATIONSHIP TO COMPANY _____
LENGTH OF STAY: ____ Full Lease Term ____ Partial Lease Term: Date ____/____/____ to ____/____/____

2. FULL NAME (LAST) _____ (FIRST) _____ (MI) _____ GENERATION _____
DOB ____/____/____ SOCIAL SECURITY # _____-____-____ SEX ____ MARITAL STATUS _____ (Optional)
DAYTIME PHONE _____ RELATIONSHIP TO COMPANY _____
LENGTH OF STAY: ____ Full Lease Term ____ Partial Lease Term: Date ____/____/____ to ____/____/____

3. FULL NAME (LAST) _____ (FIRST) _____ (MI) _____ GENERATION _____
DOB ____/____/____ SOCIAL SECURITY # _____-____-____ SEX ____ MARITAL STATUS _____ (Optional)
DAYTIME PHONE _____ RELATIONSHIP TO COMPANY _____
LENGTH OF STAY: ____ Full Lease Term ____ Partial Lease Term: Date ____/____/____ to ____/____/____

4. FULL NAME (LAST) _____ (FIRST) _____ (MI) _____ GENERATION _____
DOB ____/____/____ SOCIAL SECURITY # _____-____-____ SEX ____ MARITAL STATUS _____ (Optional)
DAYTIME PHONE _____ RELATIONSHIP TO COMPANY _____
LENGTH OF STAY: ____ Full Lease Term ____ Partial Lease Term: Date ____/____/____ to ____/____/____

Will the occupants be changing during the lease term? YES ____ NO ____

*The company understands that any changes in occupancy during the course of the lease term must be reported to Westmore Apartments, and all new occupants must submit an Authorized Occupancy Application for a fee of \$20.00.

Will the occupant have...

A waterbed? YES ____ NO ____ A pet? YES ____ NO ____
A fish tank? YES ____ NO ____ A satellite dish? YES ____ NO ____

The company understands that any apartment rented on their behalf will have a security deposit equal to one months rent.

The civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status or national origin. The Federal Agency, which administers compliance with this law, is the U.S. Department of Housing and Urban Development.

The undersigned applicant and/ or co-signer represents that all of the above statements are true and correct and hereby authorizes verification of the above information. If such information proves to be false or misleading, owner shall have the right to deny this application. The undersigned applicant and/ or co-signer hereby consents to allow Westmore Apartments ("Owner"), itself or through its designated agents or employees, to obtain a consumer report and criminal record and to obtain and verify credit and employment information for the purpose of determining whether to lease an apartment to me. The undersigned applicant or co-signer agrees and understands that Owner and its agents and employees may obtain additional consumer reports and criminal record in the future to update or review my account. Upon my request, Owner will tell me whether consumer reports or criminal records were requested and the names and addresses of any consumer-reporting agency that provided such reports. The undersigned applicant and/ or co- signer understands that the application fee is non-refundable.

Name of Entity

Title

Signature of Owner/Partner/Authorized Officer

Date

Type or Print Name Above