



Leasing Application

Madison Park Financial
Property Management

Directions

Please print out, complete and fax this application to:

Marie Chirico
Property Administrator
Madison Park Financial

510.452.2973 Fax
510.452.2944 Phone

You can download additional copies of
this application at www.mpfcorp.com

Applying For:

Property Name: _____

Unit Number (If known): _____

(* Required Fields)

Individual applications required from each occupant 18 years of age or older

*LAST NAME		*FIRST NAME	*MIDDLE NAME	*SOCIAL SECURITY NUMBER
*DATE OF BIRTH	*DRIVER'S LICENSE NUMBER AND EXPIRATION		*STATE	*HOME PHONE NUMBER ()
*EMAIL ADDRESS				CELL PHONE NUMBER ()
1	*PRESENT ADDRESS	*CITY	*STATE	*ZIP CODE
	*DATE IN	*DATE OUT	*OWNER/MGR NAME	*OWNER/MGR PHONE NO. ()
*REASON FOR MOVING				
2	PREVIOUS ADDRESS	CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MGR NAME	OWNER/MGR PHONE NO. ()
REASON FOR MOVING				
3	NEXT PREVIOUS ADDRESS	CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWNER/MGR NAME	OWNER/MGR PHONE NO. ()
REASON FOR MOVING				

*PROPOSED OCCUPANTS (IN ADDITION TO YOURSELF)	*NAME	NAME
	NAME	NAME

*WILL YOU Have pets?	*DESCRIBE	*WILL YOU HAVE Liquid filled furniture?
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A	*PRESENT OCCUPATION:	*EMPLOYER NAME
	*HOW LONG WITH THIS EMPLOYER:	*PHONE NUMBER ()
	*NAME OF YOUR SUPERVISOR	*CITY, STATE ZIP CODE
B	PRESENT OCCUPATION:	EMPLOYER NAME
	HOW LONG WITH THIS EMPLOYER:	PHONE NUMBER ()
	NAME OF YOUR SUPERVISOR	CITY, STATE ZIP CODE

*CURRENT GROSS INCOME \$	*Check one
PER	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

*NAME OF YOUR BANK	*BRANCH OR ADDRESS	*ACCOUNT NUMBER
		CHECKING
		SAVINGS

NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MO. PYMT. AMOUNT

EMERGENCY CONTACT	ADDRESS	PHONE	CITY	RELATIONSHIP
1.		()		
2.		()		

PERSONAL REFERENCES	ADDRESS	PHONE	YEARS KNOWN	OCCUPATION
1.		()		
2.		()		

Mother's maiden name: _____

Automobile: Make _____ Model _____ Year _____ License # _____

Automobile: Make _____ Model _____ Year _____ License # _____

Other motor vehicles: _____

*Have you ever filed for bankruptcy? _____

*Have you ever been evicted or asked to move? _____

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 a credit report and agrees to furnish additional credit references upon request.

Application fee \$25 per person or \$35 per couple (submitting together, one form). Make check out to Madison Park Financial Corporation.

_____ ***Date**

_____ ***Applicant (signature required)**

CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, age, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering".
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.