

**LIDO EQUITIES MANAGEMENT, INC.**

218 North Canon Drive, Suite C  
Beverly Hills, CA 90210  
Tel: (310) 278-8999  
Fax: (310) 278-6801  
www.lidoapartments.com

NON-REFUNDABLE APPLICATION FEE:  
**\$20.00 PER ADULT APPLICANT**

**APPLICATION TO RENT**  
**Complete separate application for each adult tenant.**  
**(PLEASE PRINT CLEARLY)**

**1 Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
LAST FIRST MIDDLE

**2 Driver's Lic./ID #:** \_\_\_\_\_ **State** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
MONTH - DAY - YEAR

**3 CURRENT**  
**Address:** \_\_\_\_\_  
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**4 PREVIOUS**  
**Address:** \_\_\_\_\_  
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**5 SECOND PREVIOUS**  
**Address:** \_\_\_\_\_  
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**6 CURRENT EMPLOYMENT**  
Company Name \_\_\_\_\_ Address \_\_\_\_\_

Company Phone \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Dates of Employment - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

**7 PREVIOUS EMPLOYMENT**  
Company Name \_\_\_\_\_ Address \_\_\_\_\_

Company Phone \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Dates of Employment - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

**8 LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT**

If this box is checked there shall be no additional occupant(s).

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**9 ADDITIONAL INFORMATION**

1. Have you ever had any credit problems?  Yes  No

2. Have you ever had an unlawful detainer filed against you?  Yes  No

3. Have you ever been evicted for non-payment of rent or for any other reason?  Yes  No

4. Have you ever filed bankruptcy?  Yes  No

5. Have you ever been convicted of a felony?  Yes  No

6. Have you ever been convicted for selling, possessing, distributing or manufacturing illegal drugs?  Yes  No

7. Do you have any pets?  Yes  No If Yes, How many? \_\_\_\_\_ Describe: \_\_\_\_\_

8. Will you be using any water – filled furniture in your residence?  Yes  No  
 If Yes, do you have insurance coverage?  Yes  No
9. Do you have any musical instruments?  Yes  No If yes, what kind \_\_\_\_\_
10. Do you smoke?  Yes  No Does any other proposed occupant smoke?  Yes  No
11. Please explain any "YES" answers. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10 BANKING INFORMATION**

Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_  
 Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_  
 Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_  
 Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_

**11 CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)**

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**12 EMERGENCY CONTACT**

Name: \_\_\_\_\_ Address \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**13 VEHICLES (Operable Automobiles Including Trucks, Vans, Motorcycles)**

Are you the registered owner?  Yes  No If not, who? \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**14 WHEN DO YOU PLAN TO MOVE IN? Date: \_\_\_\_\_**

Applicant represents that statements made are true and correct and hereby authorizes owner's periodic verification of credit, income and references to include but not limited to credit, unlawful detainer and bounced check checks and agrees to furnish additional credit references on request. Applicant agrees to pay for said verification via cash, credit card (MasterCard or Visa Only), money order or cashier's check made payable to Lido Equities Management, Inc., payment of which shall accompany this Application and is non-refundable. Checks will not be accepted. Such payment is a part of the application process and is a charge for the administrative costs of application consideration.

The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. \_\_\_\_\_ at \_\_\_\_\_

for \$ \_\_\_\_\_ per month and upon approval of my Application and signed Lease/Rental Agreement, I agree to pay the first month's rent of \$ \_\_\_\_\_ and a security deposit in the amount of \$ \_\_\_\_\_.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CARDHOLDER'S AUTHORIZATION FORM**  
**Non-Refundable**

I hereby authorize Lido Equities Management, Inc.  
to charge **\$20.00**, per application, to my:

Visa

MasterCard

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_  
(Please print)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_\_