

RENTAL APPLICATION

BREEZE SUITES
Attn: Leasing Office
609 Broadway
Santa Monica, CA

For faster credit approval
Please fax or email to:
310-512-6080
info@breesesuites.com

Please provide all information requested below. Incomplete information can delay the processing of your application.
PLEASE PRINT CLEARLY.

OCCUPANT(S)

Name _____
SS# _____ DL# _____
Passport (if no SS#) _____
Date of Birth _____
Phone: _____ Cell: _____
Email _____

Other occupant / co-applicant

Name _____
SS# _____ DL# _____
Passport (if no SS#) _____
Date of Birth _____
Phone: _____ Cell: _____
Email _____

EMPLOYMENT HISTORY

Current Employer _____
Address _____
Supervisor _____ Phone _____
Gross Monthly Salary _____ Position _____ How Long _____
Co-applicant's Employer _____
Address _____
Supervisor _____ Phone _____
Gross Monthly Salary _____ Position _____ How Long _____

RENTAL HISTORY

Present Address _____
Number Street Apt# City State Zip
Rent _____ Own _____ Amt. Rent/Mortgage Paid _____ From/To _____ / _____
Owner/Mortgage Co. _____ Phone _____
Previous Address _____
Number Street Apt# City State Zip
Present Address (co-applicant) _____
Number Street Apt# City State Zip

The information on this application is true and correct to the best of my knowledge. I hereby authorize SMB Broadway Group or its agents to verify the above information and to obtain either a consumer or investigative credit report from Contemporary Information Corporation. I understand that the \$_____ fee for verifying this rental application is not a deposit, will not be applied to any rent, or refunded even if the application to rent is denied.

ALL APPLICANTS MUST SIGN BELOW:

SIGNATURE _____ DATE _____
SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Note: Advise the applicant to authorize employers, banks, and landlords to release all relevant information to Contemporary Information Corporation.

Remarks _____
Move-in Date _____ Unit # _____ Unit Type _____ Rent: \$ _____
Advise Applicants _____
Not Accepted: Reason _____