## **Bourbon Holdings LLC**

13089 Peyton Drive Suite C-443 Chino Hills, Ca 91709

TEL (888) 674-3822 FAX (888) 652-4167

## Rental Application Requirements

Attached is the rental application. Below is a list of items we will need to proceed with your application.

Please reference the property address you are applying for on top of the application.

- 1. Completely filled out rental application, one per adult.
- 2. 2 Months bank statements (all pages). Must show enough for deposit and 1st months rent.
- 3. Most recent W2
- 4. If self-employed we will need 6 month bank statements (all pages) and 1 yr. tax return.
- 5. 1 month of paystubs or if your income is different one month proof of income
- 6. Applicant fee \$30 per adult. Go to any Chase Bank branch and deposit cash into Bourbon Holdings LLC Acct # 185-653-617. Please write down your name at the bottom of the deposit slip.
- 7. Letter of explanation for any derogatory credit you would like to explain.
- 8. Copy of driver license and social security card.
- 9. This information can be emailed to this **kperez@newfrontiercapital.net** or faxed to 888 652 4167



## RENTAL APPLICATION

Every occupant over the age of 18 MUST fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFOR	RMATION									
FIRST NAME	MIDDLE			LAST		S.S.#		_		
DATE OF BIRTH / /	MARITAL STATU	MARITAL STATUS SINGLE MARR			Since DIVORCED Since			DRIVERS LICENSE # STATE		
HONE CELL HOME PHONE			- − EXT. ☐ HOME ☐ WORK			EMAIL				
PRESENT HOME ADDRESS				CITY/STATE/ZI	P					
LENGTH OF TIME			PRESENT LANDLORD				LANDLORD PHONE			
REASON FOR LEAVING			AMOUNT OF RENT			Is your present rent up to date?				
PREVIOUS HOME ADDRESS				CITY/STATE/ZIP						
LENGTH OF TIME	PREVIOUS LANDLORD					LANDLORD PHO	ANDLORD PHONE			
REASON FOR LEAVING			AMOUNT OF RENT				Was your rent up to date?			
NEXT PREVIOUS HOME ADDRESS				CITY/STATE/ZI	P					
LENGTH OF TIME			PREVIOUS LANDLORD				LANDLORD PHONE			
REASON FOR LEAVING	-	AMOUNT OF RENT			VT Was your		r rent up to date?			
PROPOSED OCCI	IPANT(S)									
PROPOSED OCCUPANT(S)  NAME RELATIONSHIP				To the ty	OCCUPATION			AGE		
NAME	TIONSHIP			OCCUPATION	AGE					
NAME	LATIONSHIP			OCCUPATION			AGE			
NAME	RELATI	ONSHIP		····	OCCUPATION			AGE		
NAME	RELATI	ONSHIP			OCCUPATION			AGE		
PROPOSED PET(S				N. A. S.		na y in Milia				
NAME TYPE/BREED					☐ INDOOR	OUTDOOF	· · · · · · · · · · · · · · · · · · ·	AGE		
NAME TYPE/		/PE/BREED			INDOOR	ООТВООГ		AGE		
NAME	TYPE/E	REED			INDOOR	Опроог	WINE	AGE		
VEHICLE(C) INFO	DAGATION									
VEHICLE(S) INFO	RMATION	MODEL		COLOR		PLATE #		STATE		
YEAR MAKE	=8001.44.1	MODEL	· · · · · · · · · · · · · · · · · · ·	COLOR		PLATE #		STATE		
EMPLOYMENT										
CURRENT EMPLOYER			OCCUPATION				нои	JRS/WEEK		
SUPERVISOR			PHONE		_	EXT: YEAR		ARS EMPLOYED		
ADDRESS			CITY/STATE/ZIP							
CURRENT EMPLOYER			OCCUPATION				HOURS/WEEK			
SUPERVISOR			PHONE	EXT:			YEARS EMPLOYED			
ADDRESS			CITY/STATE/ZIP		***************************************					
INCOME							: '			
CURRENT S WEEKLY BIWEEKLY MONTHLY YEARLY			SOURCE			PROOF OF INCOME YES NO				
CURRENT S WEEKLY	SOURCE				PROC	OF OF INCOME				
CURRENT S WEEKLY	SOURCE				PROC	OF OF INCOME	YES NO			



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CREDIT CARD / FINANCIAL IN	FORMATION								
CAR LOAN LIEN HOLDER	BALANCE OWED	WED PAYMENT			CREDITOR'S PHONE #				
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S						
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S						
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT			CREDITOR'S				
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT			CREDITOR'S				
BANK ACCOUNT NAME OF BANK	BALANCE MONTHLY PAYMENT			ACCOUNT NUMBER					
EMERGENCY / PERSONAL REF	ERENCE INFORMAT	ION							
EMERGENCY CONTACT	PHONE	☐ CELL ☐ HOME	PHONE	_	_	□ номе	☐ WORK		
RELATION	ADDRESS	<u></u>	CITY/STATE/ZII	P					
EMERGENCY CONTACT	PHONE	CELL HOME	PHONE			□ номе	□ WORK		
RELATION	ADDRESS		CITY/STATE/ZII	P					
PERSONAL REFERENCE	PHONE	CELL   HOME	PHONE	_		□ номе	□ WORK		
RELATION	ADDRESS		CITY/STATE/ZI	P					
PERSONAL REFERENCE	PHONE	CELL   HOME	PHONE		_	□ номе	work		
RELATION	ADDRESS		CITY/STATE/ZI	P					
APPLICANT QUESTIONNAIRE	/ AUTHORIZATION		Agency of				:		
Has applicant ever been sued for bills? YES NO	Has applicant ever been locked out of their apartment by the sheriff?								
Has applicant ever been bankrupt?	Has applicant ever been brought to court by another landlord?			YES	□ №				
Has applicant ever been guilty of a felony? YES NO	Has applicant ever moved owing rent or damaged an apartment?			YES	□ NO				
Has applicant ever broken a Lease? YES NO	Is the total move-in amount available	it)?	YES	☐ NO					
Applicant authorizes the landlord to contact past and present lar	ndlords, employers, creditors, credit bure	aus, neighbors and an	y other source:	s deemed r	necessary to i	nvestigate a	pplicant.		
All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.									
ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMAT	TON ABOUT THE UNDERSIGNED UPON	Presentation of Th	IIS FORM OR A	N РНОТОСО	OPY OF THIS	FORM AT AN	NY TIME.		
x					_				
APPLICANT SIGNATURE	DATE								
If you have any questions about th	e interpretation or legality of this form, p	lease consult an atto	rney or other o	ualified pe	erson.				
NOTES:									
Control and the participant of a value									
	***************************************								
	747-1-1								
944 - 944 -	Manager Control of the Control of th								