

CIRCLE CAPITAL

527 E. First Street #101 τ Long Beach, CA 90802
Phone: (562) 607-4224 τ Fax: (562) 437-4242
Web Address: www.CircleCap.com

Additional Occupant

Tenant [include all names you use (d)]:

Name (First, Last & Middle Initial) _____

Mobile Tel: (____) _____

Home Phone: (____) _____

Work Phone: (____) _____

Date of Birth: ____ / ____ / ____

Drivers License _____ State _____

Employment History/ Occupation

Name and address of Current Employer: _____

Phone: (____) _____

Name of Supervisor: _____ Supervisor's Phone: (____) _____

Dates Employed at This Job: _____

Position or Title: _____

Income

Your gross monthly employment income (*before deductions*) \$ _____

Average monthly amounts of other income (*specify sources*) \$ _____

_____ \$ _____

TOTAL MONTHLY INCOME \$ _____

Miscellaneous

Do you smoke? Yes No

Have you ever: Filed for bankruptcy? Yes No

Been sued? Yes No

Been evicted? Yes No

Been convicted? Yes No

Explain any "yes" listed above: _____

Reference

Personal Reference: _____ Relationship: _____

Address: _____ Phone: (____) _____

Emergency Contact: _____

Address: _____

Phone: (____) _____

Applicant

Date