

**CALIFORNIA
APPLICATION FOR RESIDENCY**

Date: 2/9/2021

Apartment # 152

Personal Information:		<input type="checkbox"/> Responsible Resident	<input type="checkbox"/> Guarantor	<input type="checkbox"/> Primary Applicant
First Name <u>Emily</u>	Middle Initial <u>A</u>	Last Name <u>Ramos</u>		
Last Name Suffix (Jr., Sr., etc.) _____		Former Last Name (maiden, married) _____		
Social Security Number <u>616-22-4865</u>		Date of Birth <u>07/26/1986</u>		
No SSN, are you in the U.S. on a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa Number _____		
Driver's License No. <u>D4832725</u> State <u>CA</u>		DL/Visa Exp. Date <u>7/26/2021</u>		
Household Status (Optional)- Circle One: Married/Partner <input type="checkbox"/> Married/Partner w/Children <input type="checkbox"/> Single w/Children <input type="checkbox"/> <u>Roommates</u> <input checked="" type="checkbox"/>				
Occupant Information: (persons under 18 years of age)				<input type="checkbox"/> same as Primary Applicant
Name _____	Date of Birth _____	Relationship _____		
Name _____	Date of Birth _____	Relationship _____		
Name _____	Date of Birth _____	Relationship _____		
Name _____	Date of Birth _____	Relationship _____		
Residence Information:				<input type="checkbox"/> same as Primary Applicant
Current Street Address <u>1600 Villa Street</u>		Suite or Apt. <u>252</u>		
City <u>Mountain View</u>	State <u>CA</u>	Zip Code <u>94041</u>		
Country <u>USA</u>	Phone <u>(510) 396-6043</u>	Email Address <u>Emily00@gmail.com</u>		
Name of Apartment Community or Mortgage Co. <u>Avalon</u>		Dates of Residency: From <u>2016</u> To <u>2021</u>		
Type (circle one) <input checked="" type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Other _____				
Contact Name _____	Contact Phone _____			
Monthly Payment _____	Reason For Moving <u>Changing Units</u>			
*See eviction question on page#2.				
Employment Information/Additional Income:				
Current Employer(as of move-in date) <u>N/A</u>		Position <u>N/A</u>		
Industry <u>N/A</u>		Monthly Income <u>N/A</u>		
Street Address <u>N/A</u>		Work Phone <u>N/A</u>		
City <u>N/A</u>	State <u>N/A</u>	Zip Code <u>N/A</u>		
Name of Supervisor <u>N/A</u>		Phone <u>N/A</u>		
Dates of Employment: From _____ To _____				
If there are other sources of income you would like us to consider, please list source and income amount. Sources of Additional Income _____				
Amount of Additional Annual Income (\$)				

Note: After the application is processed, this entire page will be securely shredded except when prohibited by law.