



ONE APPLICATION PER HOUSEHOLD
WAV Condominiums, LLC
 175 South Ventura Avenue
 Ventura, CA 93001



WAV CONDOMINIUM RENTAL APPLICATION

WAV Condominiums, LLC will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.

TDD Telephone device for the deaf only (415) 345-4470 or California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

When do you need a unit? _____

APPLICANT NAME: _____

SOCIAL SECURITY #: _____

HOME PHONE #: _____ **WORK #:** _____ **CELL PHONE #:** _____

E-MAIL: _____

CO-APPLICANT NAME: _____

SOCIAL SECURITY #: _____

HOME PHONE #: _____ **WORK #:** _____ **CELL PHONE #:** _____

E-MAIL: _____

CO-APPLICANT NAME: _____

SOCIAL SECURITY #: _____

HOME PHONE #: _____ **WORK #:** _____ **CELL PHONE #:** _____

E-MAIL: _____

INDICATE TWO (2) PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME: _____ 2. NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE.

| | LAST NAME | FIRST NAME | RELATIONSHIP | BIRTHDATE (MM/DD/YYYY) | SOC. SEC. # |
|----|-----------|------------|--------------|------------------------|-------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |

Do you have a vehicle? _____ Would you require a parking space? _____
Due to limited parking availability, one space is provided for each unit. Additional parking spaces (if available) will be charged at \$ 150.00.

THIS IS A NON-SMOKING COMMUNITY.

Effective October 10, 2009 (Date of Certificate to Occupy), smoking is prohibited on the property, including all units and common areas. Are you or anyone you plan to have living with you a smoker? YES _____ NO _____

CURRENT HOUSING STATUS

Have you or anyone you plan to have living with you had your residency/tenancy terminated for non-payment of rent or failure to comply with lease provisions? YES _____ NO _____. If "YES", please explain _____

Do you plan to have anyone living with you in the future who is not listed above?
YES _____ NO _____. IF YES, please explain: _____

Have you or anyone you plan to have living with you been convicted of a felony?
YES _____ NO _____. If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

Please list at least three (3) years of rental history below.

1. **CURRENT LANDLORD:** _____
Phone #: _____ Fax #: _____
Your Current Address/Apt. No. #: _____
What is your current monthly rent? \$ _____
Landlord's Address: _____
Date of Move-In: _____

2. **PREVIOUS LANDLORD:** _____
Phone #: _____ Fax #: _____
Your Prior Address/Apt. No. #: _____
What was your monthly rent? \$ _____
Landlord's Address: _____
Date of Move-In: _____ Date of Move-Out: _____

3. **PREVIOUS LANDLORD:** _____
Phone #: _____ Fax #: _____
Your Prior Address/Apt. No. #: _____
What was your monthly rent? \$ _____
Landlord's Address: _____
Date of Move-In: _____ Date of Move-Out: _____

INCOME INFORMATION

The Gross Monthly Rent for the Unit you are applying for is \$ _____.

You are required to make a Gross Monthly Income of at least two (2) times the monthly rent. Does your total household income meet or exceed this requirement? YES _____ NO _____

SOURCE OF INCOME

APPLICANT #1

Name of Employer/Source of Income: _____ Position: _____

Address, City, State, Zip: _____ Tele: _____

Contact Name/Supervisor: _____ Title: _____

Monthly Income: \$ _____ Other Income: \$ _____ Source: _____

APPLICANT #2

Name of Employer/Source of Income: _____ Position: _____

Address, City, State, Zip: _____ Tele: _____

Contact Name/Supervisor: _____ Title: _____

Monthly Income: \$ _____ Other Income: \$ _____ Source: _____

APPLICANT #3

Name of Employer/Source of Income: _____ Position: _____

Address, City, State, Zip: _____ Tele: _____

Contact Name/Supervisor: _____ Title: _____

Monthly Income: \$ _____ Other Income: \$ _____ Source: _____

APPLICANT #4

Name of Employer/Source of Income: _____ Position: _____

Address, City, State, Zip: _____ Tele: _____

Contact Name/Supervisor: _____ Title: _____

Monthly Income: \$ _____ Other Income: \$ _____ Source: _____

APPLICANT #5

Name of Employer/Source of Income: _____ Position: _____

Address, City, State, Zip: _____ Tele: _____

Contact Name/Supervisor: _____ Title: _____

Monthly Income: \$ _____ Other Income: \$ _____ Source: _____

APPLICANT CERTIFICATION

1. I/we certify that if selected to move into WÄV Condominiums, LLC, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of renting a Condo unit at WÄV Condominiums.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for a WÄV Condo. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents). This will be required prior to an application being processed (\$35.00 charge per adult applicant).
7. **Rentals are subject to availability.**

HOUSEHOLD NAME (PLEASE PRINT): _____

SIGNATURE ADULT APPLICANT #1: _____ **DATE:** _____

SIGNATURE ADULT APPLICANT #2: _____ **DATE:** _____

SIGNATURE ADULT APPLICANT #3: _____ **DATE:** _____

SIGNATURE ADULT APPLICANT #4: _____ **DATE:** _____

***How did you hear about WÄV CONDOMINIUMS, LLC?**

Newspaper Flyer 805 Magazine Word of mouth
 Other (please state) _____

Thank you.

**Lana Gregory, Manager
WÄV CONDOMINIUMS, LLC**