



# THE WILSHIRE

CONDOMINIUM ASSOCIATION

Prospective Lessees (whether individuals, trusts, partnerships, corporations, or other entity) are required to observe the application process:

1. The attached application form must be completed and signed by the applicant(s). All such individuals who intend to reside in the unit must complete the application form. If the Lessee is a partnership, trust, corporation, or other business entity must complete the application.
2. A one thousand dollars (\$1,000.00) application fee for the 1<sup>st</sup> Applicant and five hundred dollars (\$500.00) for the 2<sup>nd</sup> Applicant payable to The Wilshire Condominium Association, Inc. Application Fee(s) must accompany the application form. This is a non-refundable fee which is used for processing the application and engaging the services of a professional firm specializing in thorough background reporting. This process typically takes a minimum of one week.
3. All information on the application form and background/credit history reports shall remain confidential. However, please be advised that the Association and its management reserve the right to disclose any such information to the lessor.

Please feel free to call The Wilshire Management Office at (713) 640-5570 if you have any questions.

I have read the above and understand that the application processing fee is non-refundable.

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Applicant

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Co-Applicant

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Unit#

The Wilshire Condominium Association, Inc.  
Application Form

Prospective Lessee(s) Full Name(s): \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Broker: \_\_\_\_\_

Please complete this form carefully and thoroughly. Each co-applicant must submit the requested information.

Name of applicant: \_\_\_\_\_

Children: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list ages: \_\_\_\_\_

Present address: \_\_\_\_\_ Rent or Own \_\_\_\_\_ How long?: \_\_\_\_\_

Check one: \_\_\_\_\_ House \_\_\_\_\_ Highrise \_\_\_\_\_ Condo/Townhouse \_\_\_\_\_ Apartment \_\_\_\_\_ Other

Name of co-applicant: \_\_\_\_\_

Children: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list ages: \_\_\_\_\_

Present address: \_\_\_\_\_ Rent or Own \_\_\_\_\_ How long?: \_\_\_\_\_

Check one: \_\_\_\_\_ House \_\_\_\_\_ Highrise \_\_\_\_\_ Condo/Townhouse \_\_\_\_\_ Apartment \_\_\_\_\_ Other

APPLICANT:

CO-APPLICANT:

Driver's license No. \_\_\_\_\_ State \_\_\_\_\_

Driver's license No. \_\_\_\_\_ State \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

APPLICANT EMPLOYMENT HISTORY:

PRESENT:

Employer \_\_\_\_\_  
 Profession \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Phone \_\_\_\_\_ Years \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

CO- APPLICANT EMPLOYMENT HISTORY:

PRESENT:

Employer \_\_\_\_\_  
 Profession \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Phone \_\_\_\_\_ Years \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

APPLICANT PREVIOUS EMPLOYMENT:

Employer \_\_\_\_\_  
 Profession \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Phone \_\_\_\_\_ Years \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

CO- APPLICANT PREVIOUS EMPLOYMENT:

Employer \_\_\_\_\_  
 Profession \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Phone \_\_\_\_\_ Years \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

APPLICANT PERSONAL REFERENCES (Name and Address):

Phone Number

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

CO-APPLICANT PERSONAL REFERENCES (Name and Address):

Phone Number

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**OCCUPANTS:**

Please list all persons who will be occupying the premises, including children, relatives and other occupants.

- 1. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_
- 2. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_
- 3. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_
- 4. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**PETS:**

The Wilshire Pet Policy includes certain rules and restrictions which must be observed. If you intend to have a pet, please read the policy thoroughly. Please provide the following information and include a copy of the pet vaccination record:

Will you or other occupants have a pet(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pet 1: Breed \_\_\_\_\_

Weight \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Pet 2: Breed \_\_\_\_\_

Weight \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

**VEHICLES:**

Type of vehicle \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

Type of vehicle \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

**OTHER:**

Please answer "Yes" or "No":

|  |           |              |
|--|-----------|--------------|
|  | Applicant | Co-Applicant |
|--|-----------|--------------|

- |  |     |    |     |    |
|--|-----|----|-----|----|
| A. Have you ever been evicted?                                 | Yes | No | Yes | No |
| B. Have you ever been sued for non-payment of rent or damages? | Yes | No | Yes | No |
| C. Have you ever been convicted of a felony?                   | Yes | No | Yes | No |
| D. Do you have any outstanding judgments against you?          | Yes | No | Yes | No |
| F. Are you now a party in a lawsuit?                           | Yes | No | Yes | No |

If you answered "Yes" to any of the above, please explain in an attached confidential letter.

The undersigned represent(s) that all of the above statements are true and correct and hereby authorize(s) the Association to verify such information and provide any such information to the lessor.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_