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 1st Applicant and five hundred dollars ($500.00) for the 2nd 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.

_____   _____   _____
Applicant   Co-Applicant   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 _____