



APPLICATION TO RENT/SCREENING FEE

(C.A.R. Form LRA, Revised 4/03)

I. APPLICATION TO RENT

THIS SECTION TO BE COMPLETED BY APPLICANT. A SEPARATE APPLICATION TO RENT IS REQUIRED FOR EACH OCCUPANT 18 YEARS OF AGE OR OVER, OR AN EMANICIPATED MINOR.

Applicant is completing Application as a (check one) tenant tenant with co-tenant(s) or guarantor/co-signor.

Total number of applicants _____

PREMISES INFORMATION

Application to rent property at _____ ("Premises")
Rent: \$ _____ per _____ Proposed move-in date _____

PERSONAL INFORMATION

FULL NAME OF APPLICANT _____
Social Security No. _____ Driver's license No. _____ State _____ Expires _____
Phone Number: Home _____ Work _____ Other _____
Email _____
Name(s) of all other proposed occupant(s) and relationship to applicant _____
Pet(s) or service animals (number and type) _____
Auto: Make _____ Model _____ Year _____ License No. _____ State _____ Color _____
Other vehicle(s): _____
In case of emergency, person to notify _____ Relationship _____
Address _____ Phone _____
Does applicant or any proposed occupant plan to use liquid-filled furniture? No Yes Type _____
Has applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years? No Yes
If yes, explain _____
Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony? No Yes
If yes, explain _____
Has applicant or any proposed occupant ever been asked to move out of a residence? No Yes
If yes, explain _____

RESIDENCE HISTORY

Current address _____ City/State/Zip _____ From _____ to _____ Name of Landlord/Manager _____ Landlord/Manager's phone _____ Do you own this property? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason for leaving current address _____	Previous address _____ City/State/Zip _____ From _____ to _____ Name of Landlord/Manager _____ Landlord/Manager's phone _____ Did you own this property? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason for leaving this address _____
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EMPLOYMENT AND INCOME HISTORY

Current employer _____ Employer's address _____ Position or title _____ Employment gross income \$ _____ per _____	Supervisor _____ From _____ To _____ Supervisor's phone _____ Phone number to verify employment _____ Other \$ _____ per _____ Source _____
Previous employer _____ Employer's address _____ Position or title _____	Supervisor _____ From _____ To _____ Supervisor's phone _____ Employment gross income \$ _____ per _____

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LRA REVISED 4/03 (PAGE 1 OF 2)

Applicant's Initials (_____) (_____)

Reviewed by _____ Date _____



APPLICATION TO RENT/SCREENING FEE (LRA PAGE 1 OF 2)

Agent: G. Matthews Phone: (818) 846-6500 Fax: (818) 846-4772 Prepared using WINForms® software
Broker: Re/Max Hillside Realty 409 Irving Dr., BURBANK CA 91504

CREDIT INFORMATION

Name of creditor	Account number	Monthly payment	Balance due

Name of bank/branch	Account number	Type of account	Account balance

PERSONAL REFERENCES

Name _____	Address _____
Phone _____	Length of acquaintance _____ Occupation _____
Name _____	Address _____
Phone _____	Length of acquaintance _____ Occupation _____

NEAREST RELATIVE(S)

Name _____	Address _____
Phone _____	Relationship _____
Name _____	Address _____
Phone _____	Relationship _____

Applicant understands and agrees: (i) this is an application to rent only and does not guarantee that applicant will be offered the Premises; and (ii) Landlord or Manager or Agent may accept more than one application for the Premises and, using their sole discretion, will select the best qualified applicant.

Applicant represents the above information to be true and complete, and hereby authorizes Landlord or Manager or Agent to: (i) verify the information provided; and (ii) obtain credit report on applicant.

If application is not fully completed, or received without the screening fee: (i) the application will not be processed, and (ii) the application and any screening fee will be returned.

Applicant _____ Date _____ Time _____

Return your completed application and any applicable fee not already paid to: _____

Address _____ City _____ State _____ Zip _____

II. SCREENING FEE

THIS SECTION TO BE COMPLETED BY LANDLORD, MANAGER OR AGENT. *(AS OF 01-01-09)*

Applicant has paid a nonrefundable screening fee of \$ 41.00, applied as follows: The screening fee may not exceed \$30.00 (adjusted annually from 1-1-98 commensurate with the increase in the Consumer Price Index.)

\$ _____ for credit reports prepared by _____ ;

\$ _____ for _____ (other out-of-pocket expenses); and

\$ _____ for processing.

The undersigned has read the foregoing and acknowledges receipt of a copy.

Applicant Signature _____ Date _____

The undersigned has received the screening fee indicated above.

Landlord or Manager or Agent Signature _____ Date _____

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Reviewed by _____ Date _____

