



# APPLICATION TO RENT/SCREENING FEE

(C.A.R. Form LRA, Revised 11/09)

## 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 EMANCIPATED 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 _____ Previous employer _____ Employer's address _____ Position or title _____	Supervisor _____ From _____ To _____ Supervisor's phone _____ Phone number to verify employment _____ Other \$ _____ per _____ Source _____ Supervisor _____ From _____ To _____ Supervisor's phone _____ Employment gross income \$ _____ per _____
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Applicant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



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

Agent: **Graham Matthews** Phone: **818.846.6500** Fax: **818.841.8032** Prepared using zipForm® software  
 Broker: **RE/MAX Hillside Realty 9795 Cabrini Dr., Suite 101 Burbank, CA 91504**

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

Applicant has paid a **nonrefundable** screening fee of \$ 41.85 , 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.) A CPI inflation calculator is available on the Bureau of Labor Statistics website, www.bls.gov. The California Department of Consumer Affairs calculates the applicable screening fee amount to be \$37.57 as of 2006.

\$ \_\_\_\_\_ 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 \_\_\_\_\_ DRE Lic. # \_\_\_\_\_ Date \_\_\_\_\_

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Published and Distributed by:  
REAL ESTATE BUSINESS SERVICES, INC.  
a subsidiary of the California Association of REALTORS®  
525 South Virgil Avenue, Los Angeles, California 90020

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

