



APPLICATION TO RENT/SCREENING FEE
(C.A.R. Form LRA, Revised 4/03)

Date

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 Date of Birth
Social security No. Driver's license No. State Expires
Phone number: Home Work Other
Email 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?
Has applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years?
If yes, explain
Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony?
If yes, explain
Has applicant or any proposed occupant ever been asked to move out of a residence?
If yes, explain

RESIDENCE HISTORY

Current address Previous address
City/State/Zip City/State/Zip
From to From to
Name of Landlord/Manager Name of Landlord/Manager
Landlord/Manager's phone Landlord/Manager's phone
Do you own this property? [] No [] Yes Did you own this property? [] No [] Yes
Reason for leaving current address Reason for leaving this address

EMPLOYMENT AND INCOME HISTORY

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

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Applicant's Initials () ()

Reviewed by Date



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: Bill Davis
Address P.O. Box 2665 City Laguna Hills State CA Zip 92654

II. SCREENING FEE

THIS SECTION TO BE COMPLETED BY LANDLORD, MANAGER OR AGENT.

Applicant has paid a **nonrefundable** screening fee of \$ 15.00, 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 Bill Davis ;
\$ _____ for _____ (other out-of-pocket expenses); and
\$ _____ for processing.

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

Applicant Signature **ONLY SIGN If you need a credit report** _____ Date _____

The undersigned has received the screening fee indicated above.

Landlord or Manager or Agent Signature _____ DRE Lic. # _____ Date _____

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Reviewed by _____ Date _____

