

APPLICATION TO RENT/SCREENING FEE

(C.A.R. Form LRA, Revised 12/19)

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.

1.	Applicant is completing Application as a (check one) tenant, tenant with co-tenant(s) or guaranter/co-signor. Total number of applicants							
2.		PREMISES INFORMATION						
	Application to rent property at						(ID)	
	Re	ent: \$per	Propos	ed move-in d	late		("Premises")	
3.		RSONAL INFORMATION				45		
	A.	FULL NAME OF APPLICANT						
	B.	Date of Birth	(For pur	rpose of obta	ining credit reports. Age	discrimination	is prohibited by law.)	
	State Expires							
		See section II, 4 for Social Security Number/Tax Identification Numbers. Such number shall be provided upon reques from Landlord/Manager/Agent.						
	D.	D. Phone number: Home Work Other						
		Liliai						
	F.	F. Name(s) of all other proposed occupant(s) and relationship to applicant						
	G.	Pet(s) (Other than service or comp	panion animals) (nur	mber and typ	e)			
	H.	Auto: Make Me	odel	Year	License No.	State	Color	
		Other vehicle(s):						
	1.	In case of emergency, person to n Relationship	otify					
		Address						
	J.	Does applicant or any proposed o	coupant plan to use	liquid-filled fi	miture? No Vee	_ Phone		
J. Does applicant or any proposed occupant plan to use liquid-filled furniture? No Yes Type K. Has applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years? No If yes, explain					□ No □ Yes			
	L. Has applicant or any proposed occupant ever been asked to move out of a residence? If yes, explain					☐ No ☐ Yes		
	M. Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony within t					he last seven years?		
		If yes, explain						
		(After completing a credit review, Landlord may consider the nature of the felony and the length of time since it occurred so long as the felony is directly related to the applicant's ability to meet its obligations under the lease terms, and any other relevant mitigating information pursuant to 2 CCR §12266.)						
4.	RES	SIDENCE HISTORY		200.)				
	Cur	rrent address		Pr	revious address			
	City/State/Zip			City/State/Zio				
	From	mto			om	to		
	Nan	ne of Landford/Manager			ame of Landlord/Manag			
	Landlord/Manager's phone			Landlord/Manager's phone				
	Doy	you own this property? No Yes	;		d you own this property			
	Rea	son for leaving current address		Reason for leaving this address				
					and the string tills as	ZJI 633		
	-			_				
20	19, Ce	alifornia Association of REALTORSB, Inc.			Applicant's Initials	()(— · 企	

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APPLICATION TO RENT/SCREENING FEE (LRA PAGE 1 OF 3)

Capital Realty Greep, 1389 Howard Avenue Suite 264 Bartingsess, CA 94816

Brett Barrers

Produced with Lone Wolf Transactions (zipForm Edition) 231 Shearson Cr. Combridge, Ontario, Canada N1T 1,55 | www.lend.com



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1.	Applicant is completing Application as a (check one) tenant, tenant with co-tenant(s) or guarantor/co-signor. Total number of applicants						
2.	PREMISES INFORMATION						
	Application to rent property at	("Premises")					
	Rent: \$ per Proposed move-in date ("Premis						
3.							
	A. FULL NAME OF APPLICANT						
	B. Date of Birth (For pur	B. Date of Birth (For purpose of obtaining credit reports. Age discrimination is prohibited by law.					
	C. 1. Driver's License No State Expires						
	See section II, 4 for Social Security Number/Tax Identification Numbers. Such number shall be provided upon request from Landlord/Manager/Agent.						
	D. Phone number: Home	Vork Other					
	E. Email	July July July July July July July July					
	F. Name(s) of all other proposed occupant(s) and relationship to applicant						
	G. Pet(s) (Other than service or companion animals) (nur	mber and type)					
	H. Auto: Make Model	Year License No.	State Color				
	Other vehicle(s):						
	In case of emergency, person to notify Relationship						
	Address	Ph	one				
	J. Does applicant or any proposed occupant plan to use	liquid-filled furniture? No Yes Type					
	K. Has applicant been a party to an unlawful detainer act if yes, explain						
	L. Has applicant or any proposed occupant ever been asked to move out of a residence? If yes, explain						
	M. Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony within the last seven years? No Yes						
	If yes, explain						
	(After completing a credit review, Landlord may consider the nature of the felony and the length of time since it occurred so long as the felony is directly related to the applicant's ability to meet its obligations under the lease terms, and any other relevant mitigating information pursuant to 2 CCR §12266.)						
4.	RESIDENCE HISTORY						
	Current address	Previous address	Previous address				
	City/State/Zip						
	From to		to				
	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				
an an	119, California Association of REALTORSIB, Inc.	Applicant's Initials ()() 				
er zet	A DESIGNED ADMA (DAGE 4 DE S)		COLUMBIA SERVICE SERVI				

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APPLICATION TO RENT/SCREENING FEE (LRA PAGE 1 OF 3)

Cepital Resity Group, 1200 Howard Avenue Saite 2Nt Burlingson, CA 90010 Phone: 499.342.8939 Fax: 659-745-2711
Brett Barrisa Produced with Lone Welf Transactions (apForm Edition) 231 Shearson Cr. Cambridge, Ontario, Cars

Application to

Pro	operty Address: ., ,		Date:			
5.	EMPLOYMENT AND INCOME HISTORY					
	Current employer	Previous employ	Previous employer			
	Current employer address					
	FromTo		Prev. employer address			
	Supervient	From To				
	Supervisor	Supervisor phone				
	Supervisor phone					
	Employment gross income \$per		per			
	Other income info	Other income info				
6.	CREDIT INFORMATION					
F	Name of creditor	Account number	Monthly payment	Balance due		
				<u> </u>		
	Name of bank/branch	Account number	Type of account	Account balance		
_						
_ ,	DEDSONAL DESERVACES					
14	PERSONAL REFERENCES Name Address					
	Name Address Phone Length of acquaintance Name Address	Occupation				
	Name Address					
	Phone Length of acquaintance Occupation					
8.	NEAREST RELATIVE(S)					
	Name Address Address	-				
	Name Relationship Address	ship				
	Name Address Phone Relationship					
9.						
	Applicant represents the above information to be true and complete, and hereby authorizes Landlord or Manager or Agent to: (verify the information provided; (ii) obtain a credit report on applicant; and (iii) obtain an "Investigative Consumer Report" ("ICR on and about applicant. An ICR may include, but not be limited to, criminal background checks, reports on unlawful detainers, ba checks, fraud warnings, and employment and tenant history. By signing below, you also acknowledge receipt of the attache NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW (C.A.R. form BIRN).					
	 Please check this box if you would like to receive, at no charge, a copy of an ICR or consumer credit report if one i obtained by the Landlord/Manager/Agent whenever you have a right to receive such a copy under California law. 					
10.	Applicant further authorizes Landlord or Manager or Agent to disclose information to prior or subsequent owners and/or agents wit whom applicant has had, or intends to have, a rental relationship.					
	If application is not fully completed, or if section II, 2 is application will not be processed, and (ii) the application and a	able and the application is any portion of the screening	received without the fu fee paid will be returne	Il screening fee: (i) the ed.		
	Applicant Signature	Date	9	Time		
	Applicant Signature			Time		



Proper	rty Address: ., ,		Date:		
		II. SCREENING F	EE		
THIS S	ECTION TO BE COM	IPLETED BY LANDLORD, MANAGER OR AGE	ENT.		
 Applicant will provide screening information and fee directly to Landlord/Manager/Agent's authorized screening 					
OR 2.	Applicant shall pay a nonrefundable screening fee of \$ \$35 per applicant directly to Landlord/Manager as follows: (The screening fee may not exceed \$30.00, adjusted annually from 1-1-98 commensurate with the Consumer Price Index. A CPI inflation calculator is available on the Bureau of Labor Statistics website, www.				
			· · · · · · · · · · · · · · · · · · ·		
	\$		(other out-of-pocket expenses); and		
	\$	for processing.			
3.	 If 2 is selected, and the application is received without the full screening fee: (i) Landlord/Manager/Agent will notife (ii) the application will not be processed, and (iii) the application and any portion of the screening fee paid will be re 				
4.	 Applicant shall provide Social Security Number/Tax Identification Number to Landlord/Manager/Agent. 				
Th	e undersigned has re	ad the foregoing section regarding the screening	fee and acknowledges receipt of a completed copy.		
Ар	plicant Signature		Date		
Landlor	rd/Manager/Agent ack	nowledges receipt of this entire Application to Re	ent/Screening Fee.		
Ву:		DRE Lic. #	Date		

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