



APPLICATION TO RENT/SCREENING FEE

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

Fax to 415-927-1953 or
scan / email to bobhayden1952@yahoo.com

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 _____	320 Ninth St. Unit # _____	, Davis CA 95616	("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? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____	
Has applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, explain _____	
Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, explain _____	
Has applicant or any proposed occupant ever been asked to move out of a residence? <input type="checkbox"/> No <input type="checkbox"/> Yes	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes	Did you own this property? <input type="checkbox"/> No <input type="checkbox"/> 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 _____



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 \$ _____, 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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