

## APPLICATION TO RENT/SCREENING FEE

(C.A.R. Form LRA, Revised 12/15)

## 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.

| i Utai II                | number of applicants                         |                        |  |                     |  |
|--------------------------|--|------------------------|--|---------------------|--|
| 2. PREM                  | ISES INFORMATION                             |                        |  |                     |  |
| Applica                  | ation to rent property at                    |                        |  | ("Premises")        |  |
| Rent: \$                 | B per  | _ Proposed move-i      | n date   |                     |  |
| 3. PERSO                 | ONAL INFORMATION                             |                        |  |                     |  |
| A. FU                    | LL NAME OF APPLICANT                         |                        |  |                     |  |
| B. Dat                   | te of Birth                                  | (For purpose of ol     | otaining credit reports. Age discrimination is | prohibited by law.) |  |
| C. 1.                    | Driver's License No.                         | State                  | Expires  |                     |  |
|                          | See section II for Social Security Number    |                        |  |                     |  |
|                          |  | Work                   | Other  |                     |  |
| <b>E</b> . Em            | nail   |                        |  |                     |  |
| F. Nai                   | me(s) of all other proposed occupant(s) and  | d relationship to ap   | plicant  |                     |  |
| G. Pet                   | t(s) (number and type)                       |                        | License NoState                                |                     |  |
| H. Aut                   | to: Make Model                               | Year                   | License No State                               | Color               |  |
| Oti                      | iei veriicie(3).                             |                        |  |                     |  |
| I. In c                  | case of emergency, person to notify          |                        |  |                     |  |
| Rel                      | lationship                                   |                        |  |                     |  |
| Add                      | dress  |                        | Phone  |                     |  |
| J. Do                    | es applicant or any proposed occupant plan   | n to use liquid-filled | I furniture?    No     Yes Type                |                     |  |
| K. Has                   | s applicant been a party to an unlawful deta | ainer action or filed  | bankruptcy within the last seven years?        | No Yes              |  |
|                          | es, explain                                  |                        |  |                     |  |
| L. Has                   | s applicant or any proposed occupant ever    | been convicted of      | or pleaded no contest to a felony?             | No Yes              |  |
|                          | es, explain                                  |                        |  | N = V               |  |
| M. Has                   | s applicant or any proposed occupant ever    | been asked to mo       | ve out of a residence?                         | No Yes              |  |
| If y                     | es, explain                                  |                        |  |                     |  |
| 4. RESID                 | DENCE HISTORY                                |                        |  |                     |  |
| Curren                   | it address                                   |                        | Previous address                               |                     |  |
| City/St                  | City/State/Zip                               |                        | City/State/Zip                                 |                     |  |
| From                     | to   |                        | Fromto   |                     |  |
| Name                     | of Landlord/Manager                          |                        | Name of Landlord/Manager                       |                     |  |
| Landlo                   | rd/Manager's phone                           |                        | Landlord/Manager's phone                       |                     |  |
| Do vou                   | Do you own this property? No Yes             |                        | Did you own this property? No Yes              |                     |  |
| Reaso                    | n for leaving current address                |                        | Reason for leaving this address                |                     |  |
|                          |  |                        |  |                     |  |
|                          | OYMENT AND INCOME HISTORY                    |                        |  |                     |  |
| Curren                   | t employer                                   |                        | Previous employer                              |                     |  |
| Curren                   | it employer address                          |                        | Prev. employer address                         |                     |  |
| From _                   | To   |                        | From To  |                     |  |
| Superv                   | visor  |                        | Supervisor                                     |                     |  |
| Superv                   | visor phone                                  |                        | Supervisor phone                               |                     |  |
| Employ                   | yment gross income \$ pe                     | er <sub>MONTH</sub>    | Employment gross income \$                     | per MONTH           |  |
|                          | income info                                  |                        | Other income info                              |                     |  |
| @ 1001 <sub>-</sub> 2015 | , California Association of REALTORS®, Inc.  |                        | Applicant's Initials ( ) (                     | , ^                 |  |

LRA REVISED 12/15 (PAGE 1 OF 2)

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

Fax: 8882413220

| Property Address:  |   | Date: _  |                             |
|--|---|--|-----------------------------|
| 6. CREDIT INFORMATION  |   |  |                             |
| Name of creditor   | Account number                          | Monthly payment  | Balance due                 |
| Traine or  | 7 10000111 110111201                    | The state of the s | 20.000                      |
|  |   |  |                             |
|  |   |  |                             |
| No. 10 Charles No. 10 Charles  |   | T(   | A ( b . t                   |
| Name of bank/branch  | Account number                          | Type of account  | Account balance             |
|  |   |  |                             |
|  |   |  |                             |
| 7 DEDOONAL DEFEDENCES  |   |  |                             |
| 7. PERSONAL REFERENCES   |   |  |                             |
| Name Address _<br>Phone Length of acquaintance _   | Occupation                              |  |                             |
| Name Address   | Occupation _                            |  |                             |
| Name Address _ Phone Length of acquaintance  | Occupation                              |  |                             |
| 8. NEAREST RELATIVE(S)   |   |  |                             |
| · ·  | •                                       |  |                             |
| Phone Relation   | ship                                    |  |                             |
| Name Address   | S                                       |  | _                           |
| Phone Relation   | nship                                   |  |                             |
| Applicant understands and agrees that: (i) this is an applicati  | •                                       |  | ant will be offered the     |
| Premises; (ii) Landlord or Manager or Agent may accept mor   | re than one application for t           | he Premises and using  | their sole discretion.      |
| will select the best qualified applicant, and (iii) Applicant will pro-  |   |  |                             |
| Applicant represents the above information to be true and cor  | * |  |                             |
| the information provided; and (ii) obtain a credit report on   |   |  |                             |
| applicant, which may include, but not be limited to, criminal  |   |  |                             |
| warnings, employment and tenant history. Applicant further au  |   |  |                             |
| subsequent owners and/or agents.   |   |  |                             |
| If application is not fully completed, or received without th  | e screening fee: (i) the ap             | plication will not be pr   | ocessed, 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: SOLDAVI R              | REALTY   |                             |
| Address 2830 G ST STE B  |   |  | Zip <b>95340</b>            |
| II SC  | REENING FEE                             |  |                             |
| THIS SECTION TO BE COMPLETED BY LANDLORD, MANA   | _                                       |  |                             |
| Applicant Social Security Number: Applicar   |   | screening fee of \$  |                             |
| applied as follows: (The screening fee may not exceed \$30.0   | 0, adjusted annually from 1             | -1-98 commensurate wi  | th the increase in the      |
| Consumer Price Index. A CPI inflation calculator is available  |   |  | ls.gov. The California      |
| Department of Consumer Affairs calculates the applicable screen  | eening fee amount to be \$44            | .50 as of 2012.)   |                             |
| \$ for credit reports prepa  | ared by                                 |  | ;                           |
| \$ for credit reports prepared for   |   | (other out-of-po   | ocket expenses); and        |
|  |   |  |                             |
| The undersigned has read the foregoing and acknowledges re   | ceipt of a copy.                        |  |                             |
|  |   |  |                             |
| Applicant Signature  |   |  | Date                        |
| The undersigned has received the screening fee indicated about   |   |  |                             |
| Landlord or Manager or Agent Signature   |   | CalBRE Lic. #  |                             |
|  |   | Date   |                             |
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LRA REVISED 12/15 (PAGE 2 OF 2)

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