



CALIFORNIA  
ASSOCIATION  
OF REALTORS®

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

**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 \_\_\_\_\_  
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 _____	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	Do 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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LRA REVISED 4/03 (PAGE 1 OF 2)

Applicant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

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



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

Agent: Sharon Phone: ( 909)763-206 Fax: ( 909)763-115 Prepared using WINForms® software  
Broker: The Source Real Estate and Financial Ser P.O. Box 391697, Anza ca

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 _____	Length of acquaintance _____	Occupation _____
Phone _____	Address _____	Length of acquaintance _____	Occupation _____

**NEAREST RELATIVE(S)**

Name _____	Address _____	Relationship _____
Phone _____	Address _____	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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