



APPLICATION TO RENT/SCREENING FEE

(C.A.R. Form LRA, Revised 11/09)

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.

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 _____ City/State/Zip _____ From _____ to _____ Name of Landlord/Manager _____ Landlord/Manager's phone _____ Do you own this property? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason for leaving current address _____	Previous address _____ City/State/Zip _____ From _____ to _____ Name of Landlord/Manager _____ Landlord/Manager's phone _____ Did you own this property? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason for leaving this address _____
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EMPLOYMENT AND INCOME HISTORY

Current employer _____ Employer's address _____ Position or title _____ Employment gross income \$ _____ per _____ Previous employer _____ Employer's address _____ Position or title _____	Supervisor _____ From _____ To _____ Supervisor's phone _____ Phone number to verify employment _____ Other \$ _____ per _____ Source _____ Supervisor _____ From _____ To _____ Supervisor's phone _____ Employment gross income \$ _____ per _____
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LRA REVISED 11/09 (PAGE 1 OF 2)

Applicant's Initials (_____) (_____)

Reviewed by _____ Date _____



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

Agent: **Beth Winters** Phone: **925-932-1700** Fax: **925-946-0855** Prepared using WINForms® software
 Broker: **Beth Winters, Broker dba Strain Co Inc 411 Ferry Street, Suite 1 Martinez, CA 94553**

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: The Strain Company Inc
Address 411 Ferry Street, Suite 1 City Martinez State CA Zip 94553

II. SCREENING FEE

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

Applicant has paid a **nonrefundable** screening fee of \$ 25.00 , 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.) A CPI inflation calculator is available on the Bureau of Labor Statistics website, www.bls.org. The California Department of Consumer Affairs calculates the applicable screening fee amount to be \$37.57 as of 2006.

\$ 13.00 for credit reports prepared by National Tenant Network ;

\$ 12.00 for Trip fee (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 _____ DRE Lic. # 0490492 Date _____

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Reviewed by _____	Date _____
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