



APPLICATION TO LEASE OR RENT/SCREENING FEE
(C.A.R. Form LRA, Revised 12/22)

I. APPLICATION TO RENT

THIS SECTION TO BE COMPLETED BY APPLICANT. A SEPARATE APPLICATION TO LEASE OR RENT IS REQUIRED FOR EACH OCCUPANT 18 YEARS OF AGE OR OVER, OR AN EMANCIPATED MINOR.

1. Applicant is completing Application to Lease or Rent as a (check one) [ ] tenant, [ ] tenant with co-tenant(s) or [ ] guarantor/co-signor.
Total number of applicants \_\_\_\_\_

2. PERSONAL INFORMATION

A. FULL NAME OF APPLICANT \_\_\_\_\_

B. Date of Birth \_\_\_\_\_ (For purpose of obtaining credit reports. Age discrimination is prohibited by law.)

C. (1) Driver's license No. \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_
(2) See section II, 4 for Social Security Number/Tax Identification Numbers. Such number shall be provided upon request from Rental Property Owner, Authorized Broker or Agent, or Property Manager ("Housing Provider").

D. Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

E. Email: \_\_\_\_\_

F. Name(s) of all other proposed occupant(s) and relationship to applicant \_\_\_\_\_

G. Pet(s) (Other than service or companion animals) (number and type) \_\_\_\_\_

H. Auto: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_
Other vehicle(s): \_\_\_\_\_

I. In case of emergency, person to notify (other than occupants of applicant's household) \_\_\_\_\_
Relationship \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_

J. Does applicant or any proposed occupant plan to use liquid-filled furniture?..... [ ] Yes [ ] No
If yes, type \_\_\_\_\_

K. Has applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years?..... [ ] Yes [ ] No
If yes, explain \_\_\_\_\_

L. Has applicant or any proposed occupant ever been asked to move out of a residence?..... [ ] Yes [ ] No
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?..... [ ] Yes [ ] No
If yes, explain \_\_\_\_\_

(After completing a credit review, Housing Provider 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.)

3. RESIDENCE HISTORY

Current address \_\_\_\_\_ Previous address \_\_\_\_\_
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_
From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
Name of Housing Provider \_\_\_\_\_ Name of Housing Provider \_\_\_\_\_
Housing Provider's phone \_\_\_\_\_ Housing Provider's phone \_\_\_\_\_
Do you own this property? [ ] Yes [ ] No Did you own this property? [ ] Yes [ ] No
Reason for leaving current address \_\_\_\_\_ Reason for leaving this address \_\_\_\_\_

4. EMPLOYMENT AND INCOME HISTORY

Current employer \_\_\_\_\_ Previous employer \_\_\_\_\_
Current employer address \_\_\_\_\_ Previous employer address \_\_\_\_\_
From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
Supervisor \_\_\_\_\_ Supervisor \_\_\_\_\_
Supervisor's phone \_\_\_\_\_ Supervisor's phone \_\_\_\_\_
Employment gross income \$ \_\_\_\_\_ per \_\_\_\_\_ Employment gross income \$ \_\_\_\_\_ per \_\_\_\_\_
Other income info \_\_\_\_\_ Other income info \_\_\_\_\_



Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

**5. CREDIT INFORMATION**

**A. CREDITORS**

Name of Creditor: _____	Account _____
Monthly Payment: \$ _____	Balance Due: \$ _____
Name of Creditor: _____	Account _____
Monthly Payment: \$ _____	Balance Due: \$ _____
Name of Creditor: _____	Account _____
Monthly Payment: \$ _____	Balance Due: \$ _____
Name of Creditor: _____	Account _____
Monthly Payment: \$ _____	Balance Due: \$ _____

**B. BANKING**

Name of Bank/Branch: _____	Account No. _____
Type of Account: _____	Account Balance: \$ _____
Name of Bank/Branch: _____	Account No. _____
Type of Account: _____	Account Balance: \$ _____

**6. PERSONAL REFERENCES**

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

**7. NEAREST RELATIVE(S)**

Name _____	Address _____
Phone _____	Relationship _____
Name _____	Address _____
Phone _____	Relationship _____

8. Applicant understands and agrees that: **(i)** this is an application to rent only and does not guarantee that applicant will be offered the Premises; **(ii)** Housing Provider may receive more than one application for the Premises and, **(iii)** Applicant will provide a copy of applicant's driver's license or other acceptable identification upon request.

Applicant represents the above information to be true and complete, and hereby authorizes Housing Provider to: **(i)** verify the information provided; and **(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, bad checks, fraud warnings, and employment and tenant history. By signing below, you also acknowledge receipt of the attached 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 is obtained by the Housing Provider whenever you have a right to receive such a copy under California law.

9. Applicant further authorizes Housing Provider to disclose information to prior, current, or subsequent owners and/or agents with whom applicant has had, or intends to have, a rental relationship.

If application is not fully completed, or if section II, 2 is applicable and the application is received without the full screening fee: **(i)** the application will not be processed, and **(ii)** the application and any portion of the screening fee paid will be returned.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Return your completed application and any applicable fee not already paid to: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

## II. PROPERTY INFORMATION AND SCREENING FEE

**THIS SECTION TO BE COMPLETED BY HOUSING PROVIDER** (applicant may fill in the "Premises" in **paragraph 1A** below):

### 1. PROPERTY INFORMATION

**A.** Applicant submits this application to lease or rent for the Premises located at \_\_\_\_\_ ("Premises") or  any prospective locations which may fit Applicant's rental criteria.

**B.** Rental Amount: \$ \_\_\_\_\_ Rent per month.

**C.** Proposed move-in date: \_\_\_\_\_.

### 2. SCREENING FEE

**A.**  Applicant will provide screening information and fee directly to Housing Provider's authorized screening service at: \_\_\_\_\_.

**B.**  Applicant shall pay a nonrefundable screening fee of \$ \_\_\_\_\_ per applicant, directly to Housing Provider, applied as follows: (Civil Code Section 1950.6 sets the maximum screening fee that can be charged, as adjusted annually by the Consumer Price Index. As an example, the maximum screening fee in 2020 was \$52.46 per applicant, according to the DRE publication titled California Tenants. A CPI inflation calculator is available on the Bureau of Labor Statistics website, [www.bls.gov](http://www.bls.gov).)

\$ \_\_\_\_\_ for credit reports prepared by \_\_\_\_\_;

\$ \_\_\_\_\_ for \_\_\_\_\_ (other out-of-pocket expenses); and

\$ \_\_\_\_\_ for processing.

**C.** If **2B** is selected, and the application is received without the full screening fee: **(i)** Housing Provider will notify Applicant, **(ii)** the application will not be processed, and **(iii)** the application and any portion of the screening fee paid will be returned.

**D.**  Applicant shall provide Social Security Number/Tax Identification Number to Housing Provider.

**The undersigned has read the foregoing section regarding the screening fee and acknowledges receipt of a completed copy.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Housing Provider acknowledges receipt of this entire Application to Lease or Rent/Screening Fee.

By: \_\_\_\_\_ DRE Lic.# \_\_\_\_\_ Date \_\_\_\_\_

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