

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: \_\_\_\_\_  
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 \$ 20.00 \_\_\_\_\_, 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).)

\$ \_\_\_\_\_ 11.50 for credit reports prepared by \_\_\_\_\_ CCI Profiles \_\_\_\_\_ ;

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

\$ \_\_\_\_\_ 8.50 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. # \_\_\_\_\_ Date \_\_\_\_\_

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

