



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 _____ DOB _____
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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Applicant's Initials (_____) (_____)

Reviewed by _____ Date _____



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