



APPLICATION TO LEASE OR RENT/SCREENING FEE
(C.A.R. Form LRA, Revised 3/24)

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, paragraph 2C** 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 _____

City/State/Zip _____

From _____ to _____

Name of Housing Provider _____

Housing Provider's phone _____

Do you own this property? ☐ Yes ☐ No

Reason for leaving current address _____

Previous address _____

City/State/Zip _____

From _____ to _____

Name of Housing Provider _____

Housing Provider's phone _____

Did you own this property? ☐ Yes ☐ No

Reason for leaving this address _____

4. EMPLOYMENT AND INCOME HISTORY

Current employer _____

Current employer address _____

From _____ to _____

Supervisor _____

Supervisor's phone _____

Employment gross income \$ _____ per _____

Other income info _____

Previous employer _____

Previous employer address _____

From _____ to _____

Supervisor _____

Supervisor's phone _____

Employment gross income \$ _____ per _____

Other income info _____



Property Address: **533 S. Hudson Ave.** , **Pasadena, CA 91101** 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; **(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.

** If applicant will be receiving a government rent subsidy to assist in the payment of rent, such as a Section 8 voucher, applicant may choose to provide lawful, verifiable, alternative evidence of reasonable ability to pay rather than have Housing Provider rely on a credit report. The applicant shall be given a reasonable time to provide the alternative documentation.

☐ Applicant will be receiving a rent subsidy pursuant to the following government program and elects to provide alternative documentation: _____

- 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: **castlerockrealtors@yahoo.com**

Address **533 S. Hudson Ave., Ste. #1** City **Pasadena** State **CA** Zip **91101**



Property Address: 533 S. Hudson Ave. , Pasadena, CA 91101 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 533 S. Hudson Ave. , Pasadena, CA 91101 ("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 **\$65.00** 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.)
- \$ **45.00** for credit reports prepared by CreditLink ;
- \$ _____ for _____ (other out-of-pocket expenses); and
- \$ **20.00** for processing.
- (1) ☐ Application received with the full screening fee in the amount of \$ _____.
- (2) If 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.
- (3) If Housing Provider collects the screening fee, Housing Provider shall provide Applicant a receipt for the screening fee, itemizing out of pocket expenses and time spent. By signing below, Applicant agrees the receipt may be provided by personal delivery, mail, or email.
- C. ☒ 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: Pierre K. Rapaelian DRE Lic.# 00555237 Date _____

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Application to

