



# 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** \_\_\_\_\_  
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 4/03 (PAGE 1 OF 2)**

Applicant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

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



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

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**Broker:** Monterey Bay Properties 620 Capitola Avenue, Capitola CA 95010

