

Thank you for your interest in our rental properties. Please find our rental application attached.

Thank you so much for visiting our website! And thank you for your interest in our rental properties! Please reach out and request a showing by calling us at 760-729-9922 (office) or 760-415-2217 (cell). We look forward to assisting you with your home search!

When you are ready to apply, please submit the following by email at pm@calresinc.com

- Your completed application
- A copy of your driver's license
- \$35 processing fee (contact agent for method)
- 1 month paystub for W2 employment OR
- 3 months bank statements and prior year tax statement for self employed.

Thank you for your interest! We look forward to working with you!

CalRes Property Management 760-729-9922



APPLICATION TO RENT/SCREENING FEE

(C.A.R. Form LRA, Revised 11/13)

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 EMANCIPATED MINOR.

1.	Applicant is completing Application as a (check one) tenant, tenant with co-tenant(s) or guarantor/co-signor. Total number of applicants					
2.	PREMISES INFORMATION					
	Application to rent property at		, ,	("Premises")		
	Application to rent property at	Proposed move-in	date			
3.	PERSONAL INFORMATION					
٠.	A FULL NAME OF APPLICANT					
	B. Date of Birth	(For purpose of obta	aining credit reports. Age	discrimination is prohibited by law.)		
	C. Social Security No.	Driver's License I	No.			
	StateExpires					
	StateExpires D. Phone Number: Home	Work		Other		
	E. EmailF. Name(s) of all other proposed occupant(s) and					
	F. Name(s) of all other proposed occupant(s) and	relationship to appl	icani			
	G Pet(s) or service animals (number and type)					
	H. Auto: Make Model	Year	License No	State Color		
	G. Pet(s) or service animals (number and type) _H. Auto: MakeModel _Other vehicle(s):			5.6.0		
	I. In case of emergency, person to notify					
	Relationship					
	Address			Phone		
	J. Does applicant or any proposed occupant plan to use liquid-filled furniture? □ No □ Yes Type					
	K. Has applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years? ☐ No ☐ Yes					
	If yes, explain					
	If yes, explain					
	M. Has applicant or any proposed occupant ever	been asked to move	out of a residence?	□ No □ Yes		
	If yes, explain					
4.	RESIDENCE HISTORY					
٦.	Current address		Previous address			
	City/State/Zip		City/State/Zip			
	City/State/Ziptoto		From	to		
	Name of Landlord/Manager		Name of Landlord/Manag	ger		
	Landlord/Manager's phone		Landlord/Manager's phor	ne		
	Do you own this property? ☐ No ☐ Yes		Did you own this property? \square No \square Yes			
	Reason for leaving current address		Reason for leaving this a	ddress		
5.	EMPLOYMENT AND INCOME HISTORY					
	Current employer		Previous employer			
	Current employer address		Prev. employer address _			
	FromTo		From	To		
	Supervisor		Supervisor			
	Supervisor phonepe		Supervisor phone			
	Other income info	.r		ne \$per		
	copyright laws of the United States (Title 17 U.S. Code) forbid th					
	uthorized reproduction of this form, or any portion thereof, by pho chine or any other means, including facsimile or computerized for		Applicant's Initials () ()		
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ALL RIGHTS RESERVED.			Reviewed by	Date		

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

Phone: (760)415-2217 California Residential Consulting, 2691 State St. Carlsbad, CA 92008 Fax: (760)683-3151 Maria Roller Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

Untitled

Property Address: _ , ,		Date:				
	DIT INFORMATION	_				
Name of creditor	Account number	Monthly payment	Balance due			
		3,1,3				
Name of bank/branch	Account number	Type of account	Account balance			
	7.10000	. , p = 0. d = 0 = 0	7 10000111 001101100			
7. PERSONAL REFERENCES						
NameAddress						
PhoneLength of acquaintance	Occupation					
NameAddress_ PhoneLength of acquaintance_						
PhoneLength of acquaintance	Occupation					
8. NEAREST RELATIVE(S)						
NameAddress						
Phone Relationsl	nip					
NameAddress PhoneRelations!	nin		_			
Phone Relationship						
oplicant understands and agrees that: (i) this is an application to rent only and does not guarantee that applicant will be offered the emises; (ii) Landlord or Manager or Agent may accept more than one application for the Premises and, using their sole discretion ill select the best qualified applicant, and (iii) Applicant will provide a copy of applicant's driver's license upon request. Oplicant represents the above information to be true and complete, and hereby authorizes Landlord or Manager or Agent to: (i) verify a information provided; and (ii) obtain a credit report on applicant and other reports, warnings and verifications on and about oplicant, which may include, but not be limited to, criminal background checks, reports on unlawful detainers, bad checks, frauctionings, employment and tenant history. Applicant further authorizes Landlord or Manager or Agent to disclose information to prior or besequent owners and/or agents.						
						If application is not fully completed, or received without the application and any screening fee will be returned. Applicant
Return your completed application and any applicable fee not alr	eady paid to: <i>Maria Roller</i>	•				
Address <u>2691 State Street</u>	City Carlsbad	State <u>CA</u>	Zip 92008			
THIS SECTION TO BE COMPLETED BY LANDLORD, MANAGE Applicant has paid a nonrefundable screening fee of \$ \$35 may not exceed \$30.00, adjusted annually from 1-1-98 comme calculator is available on the Bureau of Labor Statistics we calculates the applicable screening fee amount to be \$42.06 as of	nsurate with the increase bsite, www.bls.gov. The of 2009.)	California Department	of Consumer Affair			
\$for		(other out-of-po	ocket expenses); and			
\$for processing.						
The undersigned has read the foregoing and acknowledges receipt of a copy.						
Applicant Signature			– ————————————————————————————————————			
The undersigned has received the screening fee indicated above).					
CalBRE Lic. #						
Landlord or Manager or Agent Signature			Date			
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Reviewed by_ Date

