

PARTNERS

PROPERTY MANAGEMENT

www.RentStockton.com

3620 W. Hammer Lane, Suite D, Stockton, CA 95219 Office 209.932.8747 Fax 209.932.8746

APPLICATION POLICY

- Application processing fee is \$40.00 per adult and \$40.00 for any additional applicant over 18 years of age for the same unit (cash only). This fee is non-refundable and does not apply towards the deposit or rent.
- The applicant fee includes costs for:
 - Credit checks
 - Verbal and or written verification of income, prior residences and other references
 - Check of City and County public records
 - Check of eviction history
 - Cross check of addresses and phone numbers
- An application form must be completed and signed by all applicants over the age of 18.
- Photo identification and current pay check stub (or any other form of income) must accompany every adult applicant.
- Applications must have a verifiable rental reference or ownership history.
- All applicants are subject to owner approval.
- A complete application is imperative. Any false, negative or incomplete information may immediately disqualify your application.
- Applicants must have an eviction free past & good references to qualify for the property.



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 _____ D.O.B.
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 _____



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 _____	Occupation _____
Phone _____	Length of acquaintance _____	
Name _____	Address _____	Occupation _____
Phone _____	Length of acquaintance _____	

NEAREST RELATIVE(S)

Name _____	Address _____	Relationship _____
Phone _____		
Name _____	Address _____	Relationship _____
Phone _____		

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 \$ _____, 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.)

\$ _____ for credit reports prepared by _____;

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

\$ _____ 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 _____ Date _____

THIS FORM HAS BEEN APPROVED BY THE CALIFORNIA ASSOCIATION OF REALTORS® (C.A.R.). NO REPRESENTATION IS MADE AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION IN ANY SPECIFIC TRANSACTION. A REAL ESTATE BROKER IS THE PERSON QUALIFIED TO ADVISE ON REAL ESTATE TRANSACTIONS. IF YOU DESIRE LEGAL OR TAX ADVICE, CONSULT AN APPROPRIATE PROFESSIONAL.

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Published by the California Association of REALTORS®

Reviewed by _____ Date _____



RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by **Partners Property Management, Inc.** that the information described below is required to assist the same in making a tenant screening determination concerning me and that execution of this form is voluntary.

I hereby authorize Et All, Inc., 1800 Miraloma Ave., #A, Placentia, CA 92870 888-269-6400 or any qualified agent bearing this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include the Department of Justice and The Youth Authority, companies, corporations, workers compensation information, law enforcement agencies or individuals relating to my past activities to supply any and all information concerning my background and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, driving records, disciplinary and criminal history. I understand that the information released is for consideration of my rental application

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officers, agents, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my rental application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) rejection of my rental based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you with a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations..

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for rejection of my rental application

PLEASE PRINT CLEARLY

SIGNATURE OF APPLICANT / EMPLOYEE

DATE

PRINT FULL NAME

ADDRESS

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

DATE OF BIRTH

DRIVERS LICENSE NUMBER

STATE

SOCIAL SECURITY NUMBER

LAST NAME AS IT APPEARS ON LICENSE



(714) 572-5680
(888) 269-6400

Et All Inc.

1800 Miraloma Ave # A
Placentia, CA 92870
etall@etall.com

Member
napbs
National Association of
Professional Background Screeners
Fax: (714) 572-5935
(888) 269-6460

Authorization to Obtain Credit Information

In accordance with the Consumer Credit Reporting Reform Act of 1996 Section 604 (B), I hereby authorize Partners Property Management, Inc. and Et All Inc. or it's agents to obtain an Tenant Screening Credit Report concerning my current credit status. I understand that such an inquiry is relevant to the rental for which I am applying. I understand that a credit report will be obtained and that I am entitled to a copy of this report. If adverse action is taken, based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. The report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

DATE: _____

SIGNATURE OF APPLICANT / EMPLOYEE

Social Security Number:

ADDRESS: How long at this address _____

PLEASE PRINT FULL NAME

Please list prior address if you have lived at the above address less than 2 years

