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HELP-U-SELL SANTA MARIA  
602 E. Main St.  
Santa Maria, CA 93454  
Bus.: (805) 922-0077  
Fax: (805) 922-9419  
www.kensells.com

## CRITERIA FOR AN APPLICATION

1. Application must be completed IN FULL / if something doesn't apply, mark N/A in the space provided.
2. Include Social Security Numbers (page 2, Section II. SCREENING FEE, above Applicant Signature).
3. Return completed application for processing. There is NO application fee.
4. Qualifying applicants will be contacted to bring in a \$25 fee (per application) for a Credit Report. Applicant is person/persons responsible for paying the rent.
5. Cash or personal checks will not be accepted. Money Orders only - made out to Help U Sell.
6. Copy of Drivers License - for each applicant.
7. Pets are subject to owners approval.

If you prefer, you can email your application to:  
[realtorrosatorres@gmail.com](mailto:realtorrosatorres@gmail.com)



APPLICATION TO RENT/SCREENING FEE

(C.A.R. Form LRA, Revised 6/18)

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")

Rent: \$ \_\_\_\_\_ per \_\_\_\_\_ Proposed move-in date \_\_\_\_\_

3. 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, 2 for Social Security Number/Tax Identification Numbers. Such number shall be provided upon request from Landlord/Manager/Agent.

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 \_\_\_\_\_

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 \_\_\_\_\_

L. Has applicant or any proposed occupant ever been asked to move out of a residence? [ ] No [ ] Yes

If yes, explain \_\_\_\_\_

M. Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony? [ ] No [ ] Yes

If yes, explain \_\_\_\_\_

(After completing a credit review, Landlord may consider the nature of the felony and the length of time since it occurred.)

4. RESIDENCE HISTORY

Current address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Name of Landlord/Manager \_\_\_\_\_

Landlord/Manager's phone \_\_\_\_\_

Do you own this property? [ ] No [ ] 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? [ ] No [ ] Yes

Reason for leaving this address \_\_\_\_\_

5. EMPLOYMENT AND INCOME HISTORY

Current employer \_\_\_\_\_

Current employer address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor phone \_\_\_\_\_

Employment gross income \$ \_\_\_\_\_ per \_\_\_\_\_

Other income info \_\_\_\_\_

Previous employer \_\_\_\_\_

Prev. employer address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor phone \_\_\_\_\_

Employment gross income \$ \_\_\_\_\_ per \_\_\_\_\_

Other income info \_\_\_\_\_



Property Address \_\_\_\_\_ Date: \_\_\_\_\_

**6. CREDIT INFORMATION**

Name of creditor	Account number	Monthly payment	Balance due

  

Name of bank/branch	Account number	Type of account	Account balance

**7. PERSONAL REFERENCES**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Length of acquaintance \_\_\_\_\_ Occupation \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Length of acquaintance \_\_\_\_\_ Occupation \_\_\_\_\_

**8. NEAREST RELATIVE(S)**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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) Landlord or Manager or Agent may receive more than one application for the Premises and, will select the best qualified applicant, 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 Landlord or Manager or Agent to: (i) verify the information provided; and (ii) obtain a credit report on applicant and other reports, warnings and verifications on and about applicant, which may include, but not be limited to, criminal background checks, reports on unlawful detainers, bad checks, fraud warnings, and employment and tenant history. Applicant further authorizes Landlord or Manager or Agent to disclose information to prior 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 \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Return your completed application and any applicable fee not already paid to: **HELP U SELL SANTA MARIA**  
Address **602 E. MAIN ST.** City **SANTA MARIA** State **CA** Zip **93454**

**II. SCREENING FEE**

**THIS SECTION TO BE COMPLETED BY LANDLORD, MANAGER OR AGENT.**

1.  Applicant will provide screening information and fee directly to Landlord/Manager/Agent's authorized screening service at \_\_\_\_\_.

OR 2.  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. A CPI inflation calculator is available on the Bureau of Labor Statistics website, www.bls.gov.)

\$ \_\_\_\_\_ for credit reports prepared by \_\_\_\_\_;  
 \$ \_\_\_\_\_ for \_\_\_\_\_ (other out-of-pocket expenses); and  
 \$ \_\_\_\_\_ for processing.

Applicant Social Security Number/Tax Identification Number: \_\_\_\_\_

The undersigned has read the foregoing and acknowledges receipt of a copy.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If 2 is selected, the undersigned has  has not received the screening fee indicated above.

Landlord or Manager or Agent Signature \_\_\_\_\_ DRE Lic. # \_\_\_\_\_  
Date \_\_\_\_\_

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

