# INSTRUCTIONS FOR SUBMITTING A COMPLETE APPLICATION TO RENT

Each adult applicant must submit an application with the following requirements:

- 3 month of pay stubs
- Current government issued ID
- Credit report required
- \$40 application fee

Application fee can be paid at our office or online at:

https://sandrapropertiesinc.managebuilding.com/Resident/rental-application/new

# Applications may be

Scanned and emailed to: toledorental7@gmail.com

Faxed to: 209-912-7503

Mailed or dropped off at: 519 D Street, Galt, CA 95632



# 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.

	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 Security Number/Tax Identification Numbers. Such number shall be provided upon					
	(2) See section II, paragraph 2C for Social S	Security Number/Tax Identification Numbers. Such number shall be provided upor					
		norized 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						
		a rotation p to apprount					
	G. Pet(s) (Other than service or companion anima	als) (number and type) Year License No State Color					
	H. Auto: Make Model	YearLicense NoStateColor					
	Other vehicle(s):  In case of emergency, person to notify (other t	han occupants of applicant's household)					
	Relationship	nan occupants of applicant's nousehold)					
	Relationship	Phone					
	J. Does applicant or any proposed occupant plan	Phone					
	If yes, type	— — — — — — — — — — — — — — — — — — —					
	K. Has applicant been a party to an unlawful deta	ainer 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?					
	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 ves. explain	If yes, explain					
	(After completing a credit review, Housing Provider may consider the nature of the felony and the length of time since it occurre						
	so long as the felony is directly related to the applicant's ability to meet its obligations under the lease terms, and any other						
		e applicant's ability to meet its obligations under the lease terms, and any other					
,	relevant mitigating information pursuant to 2 C						
3.	relevant mitigating information pursuant to 2 C						
3.	relevant mitigating information pursuant to 2 C RESIDENCE HISTORY	CCR §12266.)					
3.	relevant mitigating information pursuant to 2 C RESIDENCE HISTORY Current address	CR §12266.)  Previous address					
3.	relevant mitigating information pursuant to 2 C RESIDENCE HISTORY Current address City/State/Zip	CCR §12266.)  Previous address City/State/Zip					
3.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From to	Previous address City/State/Zip to					
3.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	Previous address					
3.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	Previous address					
3.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address City/State/Zip From to Name of Housing Provider Housing Provider's phone Do you own this property? Yes No	Previous address  City/State/Zip  From to  Name of Housing Provider  Housing Provider's phone  Did you own this property? Yes No					
3.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	Previous address  City/State/Zip  From to  Name of Housing Provider  Housing Provider's phone  Did you own this property? Yes No					
3.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	Previous address  City/State/Zip  From to  Name of Housing Provider  Housing Provider's phone  Did you own this property? Yes No					
1.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	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					
3. 1.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	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  Previous employer					
3. 1.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	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  Previous employer Previous employer address					
3. 1.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	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  Previous employer Previous employer address From to					
1.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	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  Previous employer Previous employer address From to Supervisor					
1.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	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  Previous employer Previous employer to Supervisor Supervisor's phone					
4.	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	Previous address  City/State/Zip  From					
	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	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  Previous employer Previous employer to Supervisor Supervisor's phone Employment gross income \$ per					
	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	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  Previous employer  Previous employer address  From to  Supervisor  Supervisor's phone  Employment gross income \$ per					
€ 20	relevant mitigating information pursuant to 2 C  RESIDENCE HISTORY  Current address  City/State/Zip  From	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  Previous employer Previous employer address From to Supervisor Supervisor's phone Employment gross income \$ per					

APPLICATION TO LEASE OR RENT/SCREENING FEE (LRA PAGE 1 OF 3)

Sandra Properties, Inc., 519 D Street Galt CA 95632 Phone: (209)570-7016 Fax: 209-912-7503
Alexandra Toledo Produced with Lone Wolf Transactions (zipForm Edition) 717 N Harwood St, Suite 2200, Dallas, TX 75201 www.lwojf.com

508 S. Lincoln

Prop	erty Address: 508 S Lincoln V	Vay Unit B, Galt , CA 95632	Date: <i>March</i> 29, 2024
	CREDIT INFORMATION A. CREDITORS		-
	Name of Creditor:		Account
	Monthly Payment: \$		AccountBalance Due: \$
	Name of Creditor:		Account
	Monthly Payment: \$	and a second	AccountBalance Due: \$
	Name of Creditor:		Account
	Monthly Payment: \$		Balance Due: \$
	Name of Creditor:		Account_
	Monthly Payment: \$	***************************************	Balance Due: \$
E	B. BANKING		
	Name of Bank/Branch:		Account No Account Balance: \$
	Name of Bank/Branch:		Account No.
			Account Balance: \$
	PERSONAL REFERENCES	Address	
F	Phone L	ength of acquaintance	Occupation
١	Name	Address	Decupation
		ength of acquaintance (	Occupation
	NEAREST RELATIVE(S)		
1	Name	Address	···
Г	HOHE	Relationship	
F	Phone	Relationship	****
t	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		
i a f	nformation provided; (ii) obtain a about applicant. An ICR may inclu raud warnings, and employment	credit report on applicant** and (iii) ob de, but not be limited to, criminal backgi	ptain an "Investigative Consumer Report" ("ICR") on and round checks, reports on unlawful detainers, bad checks, you also acknowledge receipt of the attached NOTICE
	<ul> <li>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.</li> </ul>		
	applicant may choose to pr Provider rely on a credit rep Applicant will be receivin	ovide lawful, verifiable, alternative evider ort. The applicant shall be given a reaso	st in the payment of rent, such as a Section 8 voucher, not of reasonable ability to pay rather than have Housing onable time to provide the alternative documentation.  In government program and elects to provide alternative
		g Provider to disclose information to prio	r, current, or subsequent owners and/or agents with whom
		, or if section II, 2 is applicable and the a nd <b>(ii)</b> the application and any portion of t	pplication is received without the full screening fee: (i) the he screening fee paid will be returned.
1	Applicant Signature		Date
			to: Sandra Properties, Inc.
	Address <i>519 D Street</i>		State <u>CA</u> Zip <u>95632</u>
,	radioss als n allest	Oity <u>Gait</u>	State <u>GA</u> ZIP <u>8003Z</u>

**EQUAL HOUSING** 

### Date: March 29, 2024 II. PROPERTY INFORMATION AND SCREENING FEE

THIS SECTION TO BE COMPLETED BY HOUSING PROVIDER (applicant may fill in the "Premises" in paragraph 1A below):

	PROPERTY INFORMATION  A. Applicant submits this application to lease or rent for the Premises located at 508 S Lincoln Way Unit B, Galt, CA 95632					
,	A. Applicant subm	its this application to lease or rent for the Premises located at 508 5 i	Lincoln Way Unit B, Galt , CA 95632 ("Premises") or ☐ any			
	prospective loca	prospective locations which may fit Applicant's rental criteria.  Rental Amount: \$1,400.00 Rent per month.  Proposed move-in date:				
	SCREENING FEE	REENING FEE				
	authorized screening service at:					
B. X Applicant shall pay a nonrefundable screening fee of \$40.00 per applicant, directly to Housing Profollows: (Civil Code Section 1950.6 sets the maximum screening fee that can be charged, as adjusted annually Price Index. As an example, the maximum screening fee in 2020 was \$52.46 per applicant, according to the titled California Tenants. A CPI inflation calculator is available on the Bureau of Labor Statistics website, www						
	\$	for credit reports prepared by	Screening Center, Inc.			
	\$	for	(other out-of-pocket expenses); and			
	\$	for processing.				
	(2) If application be process (3) If Housing itemizing o	ion received with the full screening fee in the amount of \$	notify Applicant, (ii) the application will not will be returned.  Applicant a receipt for the screening fee,			
(	C. Applicant sha	all provide Social Security Number/Tax Identification Number to Housi	ing Provider.			
The u	undersigned has re	ead the foregoing section regarding the screening fee and ackno	wledges receipt of a completed copy.			
Appli	cant Signature		Date			
Hous	sing Provider ackn	owledges receipt of this entire Application to Lease or Rent/Scre	ening Fee.			
Ву: _		DRE Lic.# <u>01780920</u>	Date			
Α	lexandra Toledo					

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## NOTICE REGARDING BACKGROUND INVESTIGATION REPORTS PURSUANT TO CALIFORNIA LAW

(C.A.R. Form BIRN, Revised 6/23)

The person signing below (on behalf of the Housing Provider, if not the Housing Provider) intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for the purpose of letting a dwelling. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for housing purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("CRA"), the Housing Provider may investigate the information contained in your rental application and other background information about you, including but not limited to obtaining a criminal record report, eviction report, verifying references, work history, your social security number, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making housing decisions. The source of any investigative consumer report (as that term is defined under California law) will be:

CRA: Tenant Screening Center, Inc. , Address: 6570 Oakmont Drive, Suite B, Santa Rosa, CA 95409
Telephone: <u>(707)598-5533</u> Email:
The Housing Provider agrees to provide you with a copy of an investigative consumer report when required to do so under California law.
Under California Civil Code § 1786.22, you, with proper identification, are entitled to find out from a CRA what is in the CRA's file on you, as follows:
<ul> <li>In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.</li> <li>A summary of all information contained in the CRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.</li> <li>By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.</li> </ul>
"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity.
The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.
The undersigned acknowledges receipt of this Notice Regarding Background Investigation Pursuant to California Law.
Applicant Signature Date
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form, or any portion thereof, by photocopy machine or any other means, including facsimile or computerized formats. THIS FORM HAS BEEN APPROVED BY THE CALIFORNIA ASSOCIATION OF REALTORS®. NO REPRESENTATION IS MADE AS TO THE LEGAL VALIDITY OR ACCURACY 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. This form is made available to real estate professionals through an agreement with or purchase from the California Association of REALTORS®, it is not intended to identify the user as a REALTOR®, REALTOR® is a registered collective membership mark which may be used only by members of the NATIONAL ASSOCIATION OF REALTORS® who subscribe to its Code of Ethics.

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