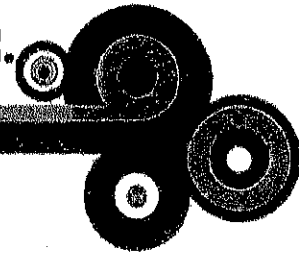


**SANDRA PROPERTIES, INC.**

REAL ESTATE BROKERAGE, DRE #02153976

519 D STREET | GALT, CA 95632  
OFFICE 209.912.4077 | FAX 209.912.7503  
TOLEDORENTAL7@GMAIL.COM



**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://sandrpropertiesinc.managebuilding.com/Resident/  
rental-application/new](https://sandrpropertiesinc.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.

1. Applicant is completing Application to Lease or Rent as a (check one) ☐ tenant, ☐ tenant with co-tenant(s) or ☐ 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 \_\_\_\_\_

(2) See section II, paragraph 2D for Social Security Number/Tax Identification Numbers. Such number shall be provided upon request from Rental Property Owner, Authorized 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 \_\_\_\_\_

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 (other than occupants of applicant's household) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

J. Does applicant or any proposed occupant plan to use liquid-filled furniture?..... ☐ Yes ☐ No

If yes, type \_\_\_\_\_

K. Has applicant been a party to an unlawful detainer 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?..... ☐ Yes ☐ No

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

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

(After completing a credit review, Housing Provider may consider the nature of the felony and the length of time since it occurred so long as the felony is directly related to the applicant's ability to meet its obligations under the lease terms, and any other relevant mitigating information pursuant to 2 CCR §12266.)

### 3. RESIDENCE HISTORY

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

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

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

Name of Housing Provider \_\_\_\_\_

Housing Provider's phone \_\_\_\_\_

Do you own this property? ☐ Yes ☐ No

Reason for leaving current address \_\_\_\_\_

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 \_\_\_\_\_

### 4. EMPLOYMENT AND INCOME HISTORY

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

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

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

Supervisor \_\_\_\_\_

Supervisor's phone \_\_\_\_\_

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

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

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

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

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

Supervisor \_\_\_\_\_

Supervisor's phone \_\_\_\_\_

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

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

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



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

Sandra Properties, Inc., 519 D Street Galt CA 95632  
Alexandra Toledo

Produced with Lone Wolf Transactions (zipForm Edition) 717 N Harwood St, Suite 2200, Dallas, TX 75201

Phone: (209) 570-7016

Fax: 209-912-7503

www.lwolf.com

227 4th St. #3

Property Address: **227 4th St. 3, Galt, CA 95632**

Date: **May 2, 2024**

**5. CREDIT INFORMATION**

**A. CREDITORS**

Name of Creditor: \_\_\_\_\_ Account \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Name of Creditor: \_\_\_\_\_ Account \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Name of Creditor: \_\_\_\_\_ Account \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Name of Creditor: \_\_\_\_\_ Account \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

**B. BANKING**

Name of Bank/Branch: \_\_\_\_\_ Account No. \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Account Balance: \$ \_\_\_\_\_

Name of Bank/Branch: \_\_\_\_\_ Account No. \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Account Balance: \$ \_\_\_\_\_

**6. PERSONAL REFERENCES**

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

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

**7. NEAREST RELATIVE(S)**

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

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

8. 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 information provided; (ii) obtain a credit report on applicant\*\* and (iii) obtain an "Investigative Consumer Report" ("ICR") on and about applicant. An ICR may include, but not be limited to, criminal background checks, reports on unlawful detainers, bad checks, fraud warnings, and employment and tenant history. By signing below, you also acknowledge receipt of the attached NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW (C.A.R. form BIRN).

- ☐ 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.

- ☐ \*\* If applicant will be receiving a government rent subsidy to assist in the payment of rent, such as a Section 8 voucher, applicant may choose to provide lawful, verifiable, alternative evidence of reasonable ability to pay rather than have Housing Provider rely on a credit report. The applicant shall be given a reasonable time to provide the alternative documentation.  
☐ Applicant will be receiving a rent subsidy pursuant to the following government program and elects to provide alternative documentation: \_\_\_\_\_

9. Applicant further authorizes Housing Provider to disclose information to prior, current, 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Return your completed application and any applicable fee not already paid to: **Sandra Properties, Inc.**

Address **519 D Street** City **Galt** State **CA** Zip **95632**



Property Address: 227 4th St. 3, Galt, CA 95632

Date: \_\_\_\_\_

## II. PROPERTY INFORMATION AND SCREENING FEE

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

### 1. PROPERTY INFORMATION

- A. Applicant submits this application to lease or rent for the Premises located at 227 4th St. 3, Galt, CA 95632 ("Premises") or ☐ any prospective locations which may fit Applicant's rental criteria.
- B. Rental Amount: \$1,395.00 Rent per month.
- C. Proposed move-in date: \_\_\_\_\_.

### 2. SCREENING FEE

- A. ☐ Applicant will provide screening information and fee directly to Housing Provider's authorized screening service at: \_\_\_\_\_.
- B. ☐ Applicant shall pay a nonrefundable screening fee of \$40.00 per applicant, directly to Housing Provider, applied as follows: (Civil Code Section 1950.6 sets the maximum screening fee that can be charged, as adjusted annually by the Consumer Price Index. As an example, the maximum screening fee in 2020 was \$52.46 per applicant, according to the DRE publication titled California Tenants. A CPI Inflation calculator is available on the Bureau of Labor Statistics website, [www.bls.gov](http://www.bls.gov).)
- \$ \_\_\_\_\_ for credit reports prepared by Tenant Screening Center, Inc. ;
- \$ \_\_\_\_\_ for \_\_\_\_\_ (other out-of-pocket expenses); and
- \$ \_\_\_\_\_ for processing.
- (1) ☐ Application received with the full screening fee in the amount of \$ \_\_\_\_\_.  
(2) If application is received without the full screening fee: (i) Housing Provider will notify Applicant, (ii) the application will not be processed, and (iii) the application and any portion of the screening fee paid will be returned.  
(3) If Housing Provider collects the screening fee, Housing Provider shall provide Applicant a receipt for the screening fee, itemizing out of pocket expenses and time spent. By signing below, Applicant agrees the receipt may be provided by personal delivery, mail, or email.
- C. ☐ Applicant shall provide Social Security Number/Tax Identification Number to Housing Provider.

**The undersigned has read the foregoing section regarding the screening fee and acknowledges receipt of a completed copy.**

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

Date \_\_\_\_\_

**Housing Provider acknowledges receipt of this entire Application to Lease or Rent/Screening Fee.**

By: Alexandra Toledo DRE Lic.# 01780920 Date \_\_\_\_\_

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

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227 4th St. #3



## 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: (707)598-5533 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:

- 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.
- 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.
- 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.

"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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**BIRN REVISED 6/23 (PAGE 1 OF 1)**



### NOTICE REGARDING BACKGROUND INVESTIGATION REPORTS PURSUANT TO CALIFORNIA LAW (BIRN PAGE 1 OF 1)

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