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.

A. B. C. D.	(2) See section II, paragraph 2C for Social Secrequest from Rental Property Owner, Authori	urity Number/Tax Identification Numbers. Such number shall be provided upon
B. C. D. E.	Date of Birth(Fo(1) Driver's License No(Fo(2) See section II, paragraph 2C for Social Secrequest from Rental Property Owner, Authority.	StateExpires urity Number/Tax Identification Numbers. Such number shall be provided upon
D. E.	(2) See section II, paragraph 2C for Social Secrequest from Rental Property Owner, Authori	StateExpires urity Number/Tax Identification Numbers. Such number shall be provided upon
D. E.	(2) See section II, paragraph 2C for Social Secrequest from Rental Property Owner, Authori	urity Number/Tax Identification Numbers. Such number shall be provided upon
Ε.	request from Rental Property Owner, Authori	
Ε.	Phone number: Home	zed Broker or Agent, or Property Manager ("Housing Provider").
Ε.		Other
	Email:	
F.	Name(s) of all other proposed occupant(s) and re	lationship to applicant
G	Pet(s) (Other than service or companion animals)	(number and type)
Н.	Auto: Make Model	Year License No State Color
	Other vehicle(s):	
I.	in case of emergency, person to notify (other than	n occupants of applicant's household)
	Relationship	Phone
J.	Does applicant or any proposed occupant plan to	Phone Yes _ No
	If ves, type	
K.	Has applicant been a party to an unlawful detaine	r action or filed bankruptcy within the last seven years? 🔲 Yes 🗌 No
	16	
L.		en asked to move out of a residence?
	If yes, explain	
M		en convicted of or pleaded no contest to a felony within the last
	If yes, explain	
	as long as the follows is directly valeted to the sum	
		oplicant's ability to meet its obligations under the lease terms, and any other
-	relevant mitigating information pursuant to 2 CCR	oplicant's ability to meet its obligations under the lease terms, and any other
	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY	oplicant's ability to meet its obligations under the lease terms, and any other §12266.)
Cı	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address	oplicant's ability to meet its obligations under the lease terms, and any other §12266.) Previous address
Ci Ci	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address tty/State/Zip	pplicant's ability to meet its obligations under the lease terms, and any other t §12266.) Previous address City/State/Zip
Ci Ci Fr	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address tty/State/Zip tom to	pplicant's ability to meet its obligations under the lease terms, and any other t §12266.) Previous address City/State/Zip From to
Ci Ci Fr Na	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip om to ame of Housing Provider	pplicant's ability to meet its obligations under the lease terms, and any other \$ \frac{12266.}{2} Previous address
Ci Ci Fr Na	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip om to ame of Housing Provider	pplicant's ability to meet its obligations under the lease terms, and any other \$\frac{12266.}{2} Previous address City/State/Zip From to Name of Housing Provider Housing Provider's phone
Ci Ci Fr Na Hi Di	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip rom to ame of Housing Provider ousing Provider's phone o you own this property? Yes No	pplicant's ability to meet its obligations under the lease terms, and any other §12266.) Previous address
Ci Ci Fr Na Hi Di	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip om to ame of Housing Provider	Previous address City/State/Zip Fromto Name of Housing Provider Housing Provider's phone Did you own this property? Yes No
Ci Ci Fr N: Hi Di Ri	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip rom	pplicant's ability to meet its obligations under the lease terms, and any other §12266.) Previous address
Ci Ci Fr N: Hi Di R:	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip rom	pplicant's ability to meet its obligations under the lease terms, and any other \$\\ \\ \\$12266.) 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
Ci Ci Fr N: Hi Di Ri -	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip rom to ame of Housing Provider ousing Provider's phone o you own this property? Yes No eason for leaving current address MPLOYMENT AND INCOME HISTORY urrent employer	pplicant's ability to meet its obligations under the lease terms, and any other \$\\ \\ \\$12266.\) 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
Ci Ci Fr N: Hi Di R: ———————————————————————————————————	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip com to came of Housing Provider cousing Provider's phone co you own this property? Yes No ceason for leaving current address MPLOYMENT AND INCOME HISTORY urrent employer urrent employer address	pplicant's ability to meet its obligations under the lease terms, and any other \$\frac{1}{2}\] 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
CI CI Fr N: Hi Di Ri CI CI Fr	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip om	pplicant's ability to meet its obligations under the lease terms, and any other \$12266.) Previous address
CI CI FI N: HI DI RI CI CI FI SI	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip ame of Housing Provider ousing Provider's phone o you own this property? eason for leaving current address MPLOYMENT AND INCOME HISTORY urrent employer urrent employer address output urrent employer address output urrent employer address output uppervisor	pplicant's ability to meet its obligations under the lease terms, and any other \$12266.) Previous address
CI C	relevant mitigating information pursuant to 2 CCR ESIDENCE HISTORY urrent address ity/State/Zip om	pplicant's ability to meet its obligations under the lease terms, and any other \$12266.) 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

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

3059 Artistry St.

Pro	pert	ty Address: <u>3059 Artistry_Street , Le</u>	odi, CA 95242		Date: <u>June 11, 2024</u>
5.		EDIT INFORMATION			
	Α.	CREDITORS			
		Name of Creditor:			Account
		Monthly Payment: \$			Balance Due: \$
		Name of Creditor:			Account
		Monthly Payment: \$	1		Balance Due: \$
		Name of Creditor:			Account
		Monthly Payment: \$			Account Balance Due: \$
		Name of Creditor			Account
		Name of Creditor:			Account Balance Due: \$
	В.	BANKING			
		Name of Bank/Branch:			Account No
		Type of Account:		THE RESERVE AND ADDRESS OF THE PERSON OF THE	Account Balance: \$
		Name of Bank/Branch:			Account No.
		Type of Account:			Account Balance: \$
6.		RSONAL REFERENCES			
	Nar	me Length of a	_ Address		
	Pho	one Length of a	acquaintance	Occupation	4.400.00007
	Nar	nelensth of s	_ Address	Occupation	
_			acquaintance	Occupation	- Like Comment of the
7.		AREST RELATIVE(S)	Addrage		
	Pho	me one	Relationship		Li La Carretta Company
	Nar	me	Address		
	Pho	one	Relationship		
8.	the		ceive more than one app	lication for the Prem	ot guarantee that applicant will be offered ises and, (iii) Applicant will provide a copy
	info abo	ormation provided; (ii) obtain a credit repout applicant. An ICR may include, but no	port on applicant** and (ot be limited to, criminal l ant history. By signing b	(iii) obtain an "Inves background checks, elow, you also ackr	norizes Housing Provider to: (i) verify the tigative Consumer Report" ("ICR") on and reports on unlawful detainers, bad checks, lowledge receipt of the attached NOTICE A.R. form BIRN).
		Please check this box if you wou obtained by the Housing Provider wh			an ICR or consumer credit report if one is py under California law.
		applicant may choose to provide lawl Provider rely on a credit report. The a	ful, veriflable, alternative applicant shall be given a subsidy pursuant to the f	evidence of reasona reasonable time to	ent of rent, such as a Section 8 voucher, ble ability to pay rather than have Housing provide the alternative documentation. t program and elects to provide alternative
9.		plicant further authorizes Housing Provide plicant has had, or intends to have, a renta		to prior, current, or su	ubsequent owners and/or agents with whom
		pplication is not fully completed, or if sect olication will not be processed, and (ii) the			eceived without the full screening fee: (i) the ee paid will be returned.
	Anr	plicant Signature			Date
		turn your completed application and any			
		dress 519 D Street	, -	- ,	State <u>CA</u> Zip <u>95632</u>
				-	

EQUAL HOLISING

	Property Address:	3059 Artistry Street	, Lodi, CA	9 <i>5242</i>	Date: June 11, 2024
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II. PROPERTY INFORMATION AND SCREENING FEE

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

	. Applicant submits	uns application to lease of fetit for the Freithses i	ocated at 3059 Artistry Street , Lodi, CA 95242 ("Premises") or any			
	prospective locatio	ns which may fit Applicant's rental criteria.				
В.	. Rental Amount: \$3	,100.00 Rent per month.				
C.	 Proposed move-in 	date:				
2. SC	CREENING FEE					
A.	. Applicant will pr	ovide screening information and fee directly to He	ousing Provider's authorized screening service at:			
В.	follows: (Civil Code Price Index. As an	Section 1950.6 sets the maximum screening fee example, the maximum screening fee in 2020 v	per applicant, directly to Housing Provider, applied as that can be charged, as adjusted annually by the Consumer was \$52.46 per applicant, according to the DRE publication e Bureau of Labor Statistics website, 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 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 sitemizing out of pocket expenses and time spent. By signing below, Applicant agrees the receipt may be personal delivery, mail, or email. 					
C.	. 🗌 Applicant shall բ	provide Social Security Number/Tax Identification	Number to Housing Provider.			
The ur	ndersigned has reac	I the foregoing section regarding the screening	ng fee and acknowledges receipt of a completed copy.			
	ant Signature	A 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Date			
Applica						
	_	ledges receipt of this entire Application to Le	ase or Rent/Screening Fee.			

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LRA REVISED 3/24 (PAGE 3 OF 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: <u>(707)598-5533</u> Email:	
The Housing Provider agrees to provide you with a copy of an investigative consumer report whe California law.	en required to do so under
Under California Civil Code § 1786.22, you, with proper identification, are entitled to find out fically conducted to conduct the conduction of the conducti	rom a CRA what is in the
 In person, by visual inspection of your file during normal business hours and on reason request a copy of the information in person. The CRA may not charge you more than the 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 Civil Code will be provided to you via telephone, if you have made a written request, with telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or check the compact of the provided mail. CRAs concertified mailings shall not be liable for disclosures to third parties caused by mishal mailings leave the CRAs. 	provided by the California th proper identification, for narged directly to you, mplying with requests for
"Proper Identification" includes documents such as a valid driver's license, social security identification card, and credit cards. Only if you cannot identify yourself with such informati additional information concerning your employment and personal or family history in order to ver	on may the CRA require
The CRA will provide trained personnel to explain any information furnished to you and will proof any coded information contained in files maintained on you. This written explanation will be provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable require you to furnish a written statement granting permission to the CRA to discuss your file in statement.	provided whenever a file is identification. A CRA may
The undersigned acknowledges receipt of this Notice Regarding Background Investigation Law.	on Pursuant to California
Applicant Signature	Date

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