

COMMERCIAL PROPERTY APPLICATION

PLEASE RETURN APPLICATION WITH THE FOLLOWING:

- 1) For credit check processing, we will need the following:
 - a. \$30.00 per person. This may be paid with cash, money order or cashier's check. If using cash please bring the exact amount as we do not carry change. Checks should be made payable to PRC Management Services, Inc. (No personal checks accepted)
- 2) Some of our Clients require that we run a criminal background check. If you apply for one of these properties you will be advised in advance by our office and there will be an additional charge of \$30.00 per person.
- 3) Copies of the last 2 3 current paystubs or 2 years of tax returns for those financially responsible for the property.
- 4) Copies of a driver's license and social security card (or US Passport) with each application.

PLEASE NOTE:

- A. To qualify for any of our rentals:
 - a. The gross (before taxes) income for those financially responsible should be three (3) times the rent per month. For example: if the rent is \$1000.00 per month, the total income for the applicants should be \$3000.00 per month or \$36,000.00 per year.
 - b. You must have good credit. Each applicant's credit is reviewed on a case-by-case basis.
- B. Depending on the situation and/or the property, a guarantor/co-signor may be acceptable. If allowed, a guarantor/co-signor must live in California, have perfect credit (no negatives) and prove an income of five (5) times the rental amount.
- C. Security deposit must be paid within 24 hours of approval. Security deposits must be paid with either a cashier's check or money order.
- D. Should you change your mind and decide not to rent the property after the security deposit has been paid, you will be charged a daily pro-rata amount for the time period (days) the property was taken off the market. You are required to start paying rent no later than fourteen days (14) calendar days after the security deposit has been made.

	100.00000000000000000000000000000000000
I,	, have read the above rental application policy and understand and
agree to these terms.	
Date:	_



APPLICATION TO RENT/SCREENING FEE

(C.A.R. Form LRA, Revised 12/19)

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.			Application as a (ch	eck one) 🗌 tenant, 🗌	tenant with o	o-tenant(s) o	r 🗌 guarant	or/co-signor.
2.		EMISES INFORMATI						
					,,			("Premises")
	Rer	nt: \$	per	Proposed move-in	date			
3.	PE	RSONAL INFORMAT						
	В.	Date of Birth		(For purpose of obta	aining credit re	ports. Age dis	crimination i	s prohibited by law.)
	C.	1. Driver's License	No	State _	Expires			
		from Landlord/M	lanager/Agent.	Number/Tax Identificati				
	D.	Phone number: Hom	ne	Work		Othe	r	
	E.	Email					***	
	F.	, ,		and relationship to app				
	G.	Pet(s) (Other than se	ervice or companion ar	nimals) (number and ty Year	oe)			
	Н.	Auto: Make	Model	Year	License N	NO	_ State	_ Color
	I.	•	• • • • • • • • • • • • • • • • • • • •					
		Address				P	hone	
	J.	Does applicant or an	y proposed occupant i	olan to use liquid-filled	furniture?	No Yes Type	9	
	K.	Has applicant been	a party to an unlawful o	detainer action or filed l	oankruptcy wit	hin the last sev	ven years?	☐ No ☐ Yes
	L.	If yes, explain						
	M.	Has applicant or any	proposed occupant e	ver been convicted of	or pleaded no	contest to a fe	lony within t	he last seven years′ No Yes
		long as the felony i	credit review, Landlord s directly related to the formation pursuant to	d may consider the nat ne applicant's ability to 2 CCR §12266.)	ture of the felo meet its obli	ony and the le gations under	ngth of time the lease to	since it occurred so erms, and any othe
4.	RE	SIDENCE HISTORY						
	Current address				Previous address			
	City	y/State/Zip			City/State/Zip			
	Fromto				From to			
	Name of Landlord/Manager				Name of Landlord/Manager			
	Landlord/Manager's phone				Landlord/Manager's phone			
	Do you own this property? No Yes				Did you own this property? ☐ No ☐ Yes			
	Reason for leaving current address			Reason for leaving this address				
		2.5						
					^ n	nlicant's Initials (17	. ^

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

Burbank, CA 91505 Phone: (818)842-5068
Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com Professional Realty Co 4402 W. Magnolia Blvd. Burbank, CA 91505 Debra McMeins Produced with zipFo Fax: (818)842-1383

Untitled



Property Address: ,,			Date:			
5.	EMPLOYMENT AND INCOME HISTO	DRY				
	Current employer	Previous employ	ver			
	Current employer address		Prev. employer address			
	From To			To		
	Supervisor			`		
				е		
	Supervisor phoneperper			per		
	Other income info			fo		
c	CREDIT INFORMATION					
6.	Name of creditor		Account number	Monthly payment	Balance due	
	Name of bank/brand	ch	Account number	Type of account	Account balance	
	The state of the s					
<u> </u>	DECONAL DEFENCE					
7.	PERSONAL REFERENCES Name	Address				
	Phone Leng	th of acquaintance	Occupation			
	Name Phone Leng	Address	Occupation			
		th of acquaintance	Occupation_			
8.	NEAREST RELATIVE(S) Name	Address				
	Phone	Relationship				
	Name					
	Phone	Relationship				
 Applicant understands and agrees that: (i) this is an application to rent only and does not gethe Premises; (ii) Landlord or Manager or Agent may receive more than one application for qualified applicant; and (iii) Applicant will provide a copy of applicant's driver's license or request. 				tion for the Premises a ense or other acceptal	nd, will select the best ble identification upon	
	Applicant represents the above information to be true and complete, and hereby authorizes Landlord or Manager or Agent 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 y obtained by the Landlord/Mar	nager/Agent whenever	you have a right to receiv	/e such a copy under C	alifornia law.	
10.	Applicant further authorizes Landlord on whom applicant has had, or intends to	have, a rental relationsh	ip.			
	If application is not fully completed, or application will not be processed, and (if section II, 2 is applica ii) the application and a	able and the application is ny portion of the screening	received without the fu g fee paid will be return	Ill screening fee: (i) the ed.	
	Applicant Signature		Dat	e	Time	
	Return your completed application and Address	d any applicable fee no	t already paid to:			
	Address		_ City	State	Zip	



Property Address: ,,		Date:		
		II. SCREENING FEE		
THIS S		MPLETED BY LANDLORD, MANAGER OR AGENT. rovide screening information and fee directly to Landlord/Mana	ger/Agent's authorized	screening service at
		t Services, Inc. 4402 W. Magnolia Blvd. Burbank CA 91505		
OR 2.	may not exceed \$3	aid a nonrefundable screening fee of \$30.00 30.00, adjusted annually from 1-1-98 commensurate with the in is available on the Bureau of Labor Statistics website, www.bls.ç	crease in the Consume	: (The screening fee er Price Index. A CPI
	\$	for credit reports prepared by	TransUnion	
	\$	for	(other out-of-pod	cket expenses); and
		for processing. ecurity Number/Tax Identification Number:		
The un	dersigned has read t	he foregoing and acknowledges receipt of a copy.		
Applicar	nt Signature			Date
If 2 is s	elected, the undersig	ned has has not received the screening fee indicated above.		
		Signature:	DRE Lic. #	

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Reviewed by	 Date	



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CREDIT AND BACKGROUND INFORMATION

BUSINESS INFORMATION			
FULL LEGAL COMPANY NAME:			A CONTRACTOR OF THE CONTRACTOR
Business License #:	City:		
DBA:	Fed Employ. ID#:		
Date Fictitious Bus. Name filed:			
Bus. Address:	· · · · · · · · · · · · · · · · · · ·		
Tel#:			
Tel#: # of Stores	Where:		
If a Corporation, State of Inc.: Name and A	Address of Agent for Service:		
If a Partnership, Name and Address of General Partne	ers:		
Name and Address of Limited Partners (if any):			
If a Limited Liability Company, Name and Address of	Members:		10 10 10 10 10 10 10 10 10 10 10 10 10 1
If Individuals, Name and Address:			and the state of t
Years in Bus.: Person to contact			
Nature of Bus:			
PLEASE LIST ALL BANK(S): (Business & Persona	al)		
Name of Bank:	Branch:		Tel#:
Account Name:	Account #:		☐ Personal ☐ Business
Name of Bank:	Branch:		Tel#:
Account Name:	Account #:		☐ Personal ☐ Business
TRADE REFERENCES, BUSINESS (if none, Person	nal)		
Current Landlord's Name:		Tel#	
Address:			How long as tenant
Insurance Agency:			Tel#:
Address:	Agent:		
Other reference:		l el#:	
Address:			
Comments:			
Other reference:		Tel#:	
Address:	- August		
Comments:			
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INITIALS			INITIAL

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Professional Realty Co 4402 W. Magnolia Blvd. Burbank, CA 91505

Phone: (818)842-5068

Fax: (818)842-1383

Debra McMeins

TCA-1.00, Revised 01-03-2017

PERSONAL INFORMATION			
Name: Last:	First:		Middle:
Address:			
Previous Address (if less than 2 years):			
Date of Birth:	Driver's Lic. (#	and state):	
Employer:	Tel#		
Employer's Address:			
Occupation:	Social Secur	rity #:	
Monthly Income:			
•			
SPOUSE'S INFORMATION			
Name: Last:	First:		Middle:
Address:			
Previous Address (if less than 2 years):			
Date of Birth:	Driver's Lic. (#	and state):	
Employer:			
Employer's Address:			
Occupation:		ritv #:	
Monthly Income:			
wontniy income.			
HAVE VOLLEVED EILED EOD DANKDLIDTOV2			
HAVE YOU EVER FILED FOR BANKRUPTCY?	State filed:	Chanter:	
Business: Yes No When:Personal: Yes No When:	State filed:	Chapter:	
Personal: Yes 🔲 No 🔲 vvnen:	_ State filed	Chapter	
WALLE VOLLEYED DEEN CONTROLED OF A FEL ONIVO If on whom			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? If so, when:		**************************************	
What felony:			
MORTGAGE HOLDER:			T 100
Personal:	Acct#:		el#:
Address:		Contact:	A STATE OF THE STA
MORTGAGE HOLDER:			
Business:			Tel#:
Address:		Contact:	
<u>PLEASE ATTACH A CURRENT FINANCIAL STATEMENT AND CO</u>			S FOR THE LAST 3 YEARS FOR EITHER
THE BUSINESS OR YOURSELF (whichever is going to be shown a	<u>s 'Lessee' in the</u>	lease).	
IN CASE OF EMERGENCY PLEASE CONTACT:			
Name:			Tel#:
Address:	Water .		and the second s
INFORMATION CONCERNING EXISTING LOCATION:			
What is the size of the facility/office that this new space will replace?		_ What is the month	nly rent for the space that is being replaced?
\$ What is the reason for acquiring the new s	pace?		
• • • • • • • • • • • • • • • • • • •			
		•	
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INITIALS			INITIALS

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TCA-1.00,Revised 01-03-2017

I HEREBY GIVE PERMISSION FOR THE INDIVIDUALS AND BUSINESS LISTED ABOVE AS REFERENCES TO PROVIDE FINANCIAL AND CREDIT INFORMATION TO MY PROSPECTIVE LESSOR, HIS MANAGER AND/OR HIS BROKER. I ALSO HEREBY AUTHORIZE THE OWNER AND HIS/HER REPRESENTATIVES TO PERFORM A CREDIT CHECK ON MYSELF AND/OR MY COMPANY.

THE REPRESENTATIONS OF FACT CONTAINED IN THIS APPLICATION ARE CONSIDERED PART OF THE LEASE AND ARE TRUE AND CORRECT. IF ANY INFORMATION HEREIN CONTAINED IS DISCOVERED TO BE FALSE OR MISLEADING, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LESSOR, BE TERMINATED AT ANY TIME. IN ADDITION, THE LESSOR IS HEREBY GRANTED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY CREDIT REPORTS IT DEEMS NECESSARY.

By Lessee	
Executed at:	
On:	
Ву:	
Name Printed:	
Title:	
Phone:	
Fax:	
Email:	
By:	
Name Printed:	
Title:	
Phone:	
Fax:	
Email:	
Address:	
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