

Property Address: _____ Date: _____

CREDIT INFORMATION

Name of creditor	Account number	Monthly payment	Balance due

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

PERSONAL REFERENCES

Name _____	Address _____
Phone _____	Length of acquaintance _____ Occupation _____
Name _____	Address _____
Phone _____	Length of acquaintance _____ Occupation _____

NEAREST RELATIVE(S)

Name _____	Address _____
Phone _____	Relationship _____
Name _____	Address _____
Phone _____	Relationship _____

Applicant understands and agrees: **(i)** this is an application to rent only and does not guarantee that applicant will be offered the Premises; and **(ii)** Landlord or Manager or Agent may accept more than one application for the Premises and, using their sole discretion, will select the best qualified applicant.

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 credit report on applicant.

If application is not fully completed, or received without the screening fee: (i) the application will not be processed, and (ii) the application and any screening fee will be returned.

Applicant _____ Date _____ Time _____

Return your completed application and any applicable fee not already paid to:
Address _____ City _____ State _____ Zip _____

II. SCREENING FEE

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

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)

\$ _____ for credit reports prepared by _____ ;

\$ _____ for _____ (other out-of-pocket expenses); and

\$ _____ for processing.

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

Applicant Signature _____ Date _____

The undersigned has received the screening fee indicated above.

Landlord or Manager or Agent Signature _____ Date _____

THIS FORM HAS BEEN APPROVED BY THE CALIFORNIA ASSOCIATION OF REALTORS®(C.A.R.). NO REPRESENTATION IS MADE AS TO THE LEGAL VALIDITY OR ADEQUACY 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.

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California Association of REALTORS®

Reviewed by _____ Date _____



CREDIT CARD AUTHORIZATION FORM

Property Management

I, _____ hereby authorize **Berrington Properties** to charge my credit card account in the amount of **\$30** in conjunction with my rental application, dated _____, 20____.

Visa

MasterCard

Name as it appears on Card _____

Credit Card Number _____

Exp. Date (mm/yy) _____ VID Code _____

<i>Credit Card Billing Address:</i>	
Street:	_____
City:	_____
State:	_____
Zip Code:	_____
Country (if not US)	_____
Telephone: ()	_____

<i>Mailing Address (if applicable):</i>	
Street:	_____
City:	_____
State:	_____
Zip Code:	_____
Country (if not US)	_____
Telephone: ()	_____

As the credit card holder, I hereby authorize my **non-refundable** Rental Application Screening Fee, to be charged to the above card.

Cardholder's Signature

Date

