



Dear Applicant,

Thank you for choosing TCG Property Management to assist you with your real estate needs. In order to process your application, each of the items below are needed from ALL persons over the age of 18 planning to occupy the property:

1. Valid Drivers License or photo I.D.
2. Most recent pay stub showing YTD totals
3. Two most recent full bank statements (not summaries)
4. Credit Report (if you have one). Upon pre-approval we will run our own credit report(s)
5. Other sources of income - please supply supporting documentation

If You Are Self Employed:

We will need the need items 1, 3, 4 and 5 listed above plus the first two pages of last year's tax return.

More Information (please read carefully)

1. Please include all pets on your Application Package.
2. All completed applications and documentation should be emailed to: applications@homesbytcg.com.
3. Any Guarantors must also submit an application package (no Verification of Residency).
4. A Renter's Insurance Policy, naming TCG Property Management as a co-insured will be required to be in effect prior to occupancy and throughout your tenancy.
5. Upon acceptance of your application and prior to occupancy, we will require a cashier's check or payment through Zelle (or electronic transfer) for the full amount of the first full month's rent and security deposit. Send Zelle payments to paulc@tcgprop.com
6. All monthly rental payments will be made through ACH (electronic funds transfer system) - not by check.

Credit Report & Processing Fee

Before we process your application, we will also need to run a credit report. The non-refundable application cost is \$40 per applicant. The application fee may be paid through Zelle and sent to paulc@campbellgrouphomes.com.

Once again, thank you for choosing TCG Property Management to assist you.



Proposal to Lease Residence

Property Address: _____

Applicant Name(s): _____

Co-Signer or Guarantor: _____

- If applicable, gardener shall be paid for by: _____
- If applicable, pool service shall be paid for by: _____
- Applicant acknowledges that a renter's insurance policy naming TCG Property Management as a co-insured will be required prior to occupancy and throughout tenancy.
- If applicable, applicant agrees to abide by the homeowners association rules and regulations, which will be provided to tenant prior to occupancy.
- Applicant shall accept the premises in the present condition except:

Additional terms:

Applicant(s) hereby agree(s) to lease the premises upon the requested terms and conditions above and understands that final lease terms may change and are subject to owner approval. Upon owner's acceptance of this application, TCG Property Management shall deliver an "Acceptance of Application and Lease Terms" to applicant(s). If applicants are represented by an agent, all communication must be through the agent only. Applicants acknowledge that upon acceptance, a cashier's check for the security deposit and the full first month's rent will be requested and required to secure the property.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Guarantor: _____ Date: _____



Verification of Residency

*****THIS PORTION TO BE COMPLETED BY APPLICANT*****

Date: _____ From (Name of Applicant): _____
Attention: _____ Phone: _____
Email Address: _____
Company: _____
Regarding: _____

Our office is requesting verification of either current or previous residency for the above applicant(s). Your prompt response will greatly expedite the application process. We thank you in advance for completing the following information and returning this form by email to applications@homesbytcg.com.

Please find here the signature of our prospective resident, authorizing the release of this information to our office. Thank you for your assistance.

x _____ x _____
Prospective Resident Authorization Agent for TCG Property Management

*****THIS PORTION TO BE COMPLETED BY CURRENT LANDLORD*****

Move-In Date: _____ Move-Out Date: _____
Was a 30-day notice given? _____
Amount of Monthly Rent: _____
Was the rent payment ever late? _____ How many times? _____
Were there any NSF Checks? _____ Were there any noise complaints? _____
Were any damage or cleaning deductions made from their Security Deposit? _____
How much: _____ Would you rent to them again? _____

x _____
Signature of Person Releasing Information Date

Please Print Name

Company/Title



Verification of Employment

*****THIS PORTION TO BE COMPLETED BY APPLICANT*****

Date: _____ From (Name of Applicant): _____
Attention: _____ Phone: _____
Email Address: _____
Company: _____
Regarding: _____

Our office is requesting verification of either current or previous employment for the above applicant(s). Your prompt response will greatly expedite the application process. We thank you in advance for completing the following information and returning this form to applications@homesbytcg.com.

Please find here the signature of our prospective resident, authorizing the release of this information to our office. Thank you for your assistance.

X _____ X _____
Prospective Resident Authorization Agent for TCG Property Management

*****THIS PORTION TO BE COMPLETED BY EMPLOYER*****

Is the applicant currently employed with the your company: _____
Start date of employment: _____
Length of employment: _____
Job title: _____
Salary per year: _____

X _____
Signature of Person Releasing Information Date

Please Print Name

Company/Title



National Credit Reports

AUTHORIZATION TO DISCLOSE

To Whom it May Concern,

The undersigned Applicant(s) has applied to rent a property with TCG Property Management. You are hereby authorized to release my information to National Credit Reports which is required to complete the processing of a credit report. This also authorizes National Credit Reports to transmit our application request information through the internet in processing the credit report. You may act on a photocopy of this authorization instead of the original.

Necessary information may include, but is not limited to: (1) savings and/or checking account verification, (2) loan status and payment history verification, including credit union and mortgage balances and (3) any employment or related compensation verification.

The undersigned Applicant(s) authorizes the release to a credit reporting agency of any information that agency may need in order to complete its report.

Photocopying of Applicant(s) signature may be necessary for obtaining credit ratings and is hereby authorized.

Thank you in advance for your assistance.

Applicant signature _____ Date: _____

Applicant signature _____ Date: _____

INFORMATION NEEDED FOR CREDIT REPORT:

Print Name: (first/middle/last) _____ Birthdate _____ SS # _____

Print Name: (first/middle/last) _____ Birthdate _____ SS # _____

Present Address:

If less than 2 years – previous address:



APPLICATION TO LEASE OR RENT/SCREENING FEE
(C.A.R. Form LRA, Revised 12/22)



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, 4 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 _____



Property Address: _____ Date: _____

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; and (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.

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: **TCG Property Management**

Address **2555 Townsgate Rd., Suite 200** City **Westlake Village** State **CA** Zip **91361**



Property Address: _____ 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 _____ ("Premises") or any prospective locations which may fit Applicant's rental criteria.
- B. Rental Amount: \$ _____ 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.)
- \$ _____ for credit reports prepared by National Credit Reporting ;
- \$ _____ for _____ (other out-of-pocket expenses); and
- \$ **40.00** for processing.
- C. If **2B** is selected, and the 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.
- D. 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: _____ DRE Lic.# _____ Date _____

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

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Lease - TCG