



**APARTMENT ASSOCIATION OF GREATER LOS ANGELES  
STANDARD RENTAL APPLICATION SCREENING FEE AGREEMENT**

A. Applicant(s): \_\_\_\_\_  
Please Print Name Please sign name

\_\_\_\_\_ \_\_\_\_\_  
Please Print Name Please sign name

B. Cosigner/  
Grantor: \_\_\_\_\_  
Please Print Name Please sign name

\_\_\_\_\_ \_\_\_\_\_  
Please Print Name Please sign name

C. Application to Rent Unit No.: \_\_\_\_\_

D. Premises: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State/Zip

E. Total Screening Fee Paid: \$ \_\_\_\_\_

F. Total Cost of Credit Report(s) Obtained: \$ \_\_\_\_\_

G. Time Spent to Obtain and Process Credit Information: \_\_\_\_\_ Hours

H. Reasonable Value of Time Spent to Obtain and Process Credit Information: \$ \_\_\_\_\_

Applicant(s) agree(s) that Landlord may charge an Application Screening Fee for Applicant(s) -qualification even though no rental unit is currently available nor may be so within a reasonable period of time. Applicant(s) address for mailing of a receipt for the Screening Fee paid by Applicant(s) is shown below. Any amount of the Application Screening Fee not used as provided above shall be refunded to Applicant(s).

My/our mailing address for a receipt for payment of the Screening Fee and/or information about the Rental Unit's availability is:

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Owner/Agent