

# CAMELLIA REALTY & PROPERTY MANAGEMENT

2801 Waterman Blvd., Ste. 150, Fairfield, CA 94534  
BRE # 00878746 Tel: (707) 422-9289  
Open Monday-Thursday: 9am-6pm, Friday: 9am-4pm (closed 1-2pm for lunch daily)  
[www.camelliarealty.net](http://www.camelliarealty.net)

**Applications not accepted 30 minutes before closing for lunch or closing for the day**

Property Address: \_\_\_\_\_

Move-in Date Requested: \_\_\_\_\_

### Rental Policies and Procedures:

- Each applicant 18 or older must completely fill out an application — Incomplete applications will not be accepted.
- When applying, each applicant **must be present** with a **current** form of government issued photo identification. (i.e. drivers license, passport, state ID, military ID, etc.)
- Each property is first come, first serve. We will only review applications in the order they are accepted.
- The \$40.00 application fee will only be required **if** we order a credit report. We will order a credit report if you have seen the property and it is your turn to have your application considered.
- No co-signers or guarantors — no exceptions.
- Applicants with no SSN or ITIN can provide alternate documentation to aid in evaluating credit worthiness. (i.e. 12 recent months of paid utility bills, rent or any monthly bills that show consistent and timely payment)
- Applicants must have combined gross, verifiable legal income of no less than two and one half (2 1/2) times the monthly rent. Pay stubs, W-2, 1099, tax returns or bank statements will be necessary to verify income. Income not reported to the IRS (under the table) will not be considered.
- Bankruptcies will not be considered unless fully discharged.
- Applicant screening will be performed on all applicants to include credit report and eviction search.
- Occupancy standard is two persons per bedroom, plus one. (2 bedrooms = up to 5 occupants)
- Once an applicant is approved, if the occupancy does not take place immediately, an amount equal to the security deposit will be accepted. If a Holding Deposit Agreement was executed, the funds from the holding deposit will be used toward the security deposit.
- One month of rent and the security deposit will be collected at the time of the execution of the Rental Agreement. The second month's rent will be prorated. Rent is due on the first of each month.
- Personal checks are not accepted for the first month of rent or security deposit — **secured funds or cash only.**
- Please note that sometimes an exact move-in date is not available due to pending repairs in process to prepare the property for occupancy.

Applicant(s) agree to keep the home "smoke free." No smoking inside of the home — including the garage, if applicable.

Applicant(s) acknowledges and agrees to the above terms.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Tenant  
 Guarantor

Name of Applicant: \_\_\_\_\_

# APPLICATION TO RENT

(All sections must be completed) **Individual applications required from each occupant 18 years of age or older.**

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other names used in the last 10 years				Work phone number ( )		Home phone number ( )	
Date of birth		E-mail address				Mobile/Cell phone number ( )	
Photo ID/Type		Number		Issuing government		Exp. date	Other ID
1.	Present address			City		State	Zip
	Date in	Date out	Landlord Name			Landlord phone number	
	Reason for moving out					Current rent \$ /Month	
2.	Previous address			City		State	Zip
	Date in	Date out	Landlord Name			Landlord phone number	
	Reason for moving out					Rent at move-out \$ /Month	
3.	Next previous address			City		State	Zip
	Date in	Date out	Landlord Name			Landlord phone number	
	Reason for moving out					Rent at move-out \$ /Month	
Proposed Occupants: List all in addition to yourself	Name			Name			
	Name			Name			
	Name			Name			
Are you a service member? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you have pets?		Describe			Do you have a waterbed?		Describe
How did you hear about this rental?							
A.	Current Employer Name			Job Title or Position		Dates of Employment	
	Employer address			Employer/Human Resources phone number ( )			
	City, State, Zip			Name of your supervisor/human resources manager			
Current gross income		Check one					
\$		Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year					
B.	Prior Employer Name			Job Title or Position		Dates of Employment	
	Employer address			Employer/Human Resources phone number ( )			
	City, State, Zip			Name of your supervisor/human resources manager			
Other income source _____ Amount \$ _____ Frequency _____							
Other income source _____ Amount \$ _____ Frequency _____							



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Tenant  
 Guarantor

Name of Applicant: \_\_\_\_\_

Name of your bank	Branch or address	Account Number	Type of Acct

Please list ALL of your financial obligations below.

Name of Creditor	Address	Phone Number	Monthly Pmt. Amt.
		(     )	
		(     )	
		(     )	
		(     )	
		(     )	
		(     )	

In case of emergency, notify:	Address: Street, City, State, Zip	Relationship	Phone
1.			
2.			

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
1.				
2.				

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Other motor vehicles: \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Have you ever been evicted or asked to move? \_\_\_\_\_



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Tenant  
 Guarantor

Name of Applicant: \_\_\_\_\_

**NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT**

Landlord does not intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, Landlord intends to request an investigative consumer report regarding the Applicant's character, general reputation, personal characteristics, and mode of living. Under Section 1786.22 of the California Civil Code, the files maintained on you by the investigative consumer agency shall be made available to you during business hours and on reasonable notice, provided you furnish proper identification, as follows: (1) You may appear at the investigative consumer reporting agency identified below in person, (2) you may make a written request for copies to be sent by certified mail to a specified addressee, or (3) you may make a written request for a summary of the file to be provided over the telephone. The agency may charge a fee, not to exceed the actual duplication costs, if you request a copy of your file. The agency is required to have personnel available to explain your file to you, and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. If you are accompanied by a person of your choosing, the agency may require you to furnish a written statement granting permission to the investigative consumer reporting agency to discuss your file in the other person's presence. The agency that will prepare the report(s) identified in this section is listed below:

Tenant Alert

**Name of Agency** \_\_\_\_\_

23801 Calabasas Rd. #1022, Calabasas, CA 91302

**Address of Agency** \_\_\_\_\_

If you would like a copy of the report(s) that is/are prepared, please check the box below:

I would like to receive a copy of the report(s) that is/are prepared

If the box above is checked, Landlord agrees to send the report to Applicant within three (3) business days of the date the report is provided to Landlord. Landlord may contract with another entity to send a copy of the report.

Applicant represents that all the above statements are true and correct, authorizes verification of the above items, and agrees to furnish additional credit references upon request. Applicant authorizes Landlord to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords.

Landlord will require a payment of \$ 40.00 \_\_\_\_\_, which is to be used to screen Applicant.

The amount charged is itemized as follows:

- 1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$ 17.00 \_\_\_\_\_
- 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$ 23.00 \_\_\_\_\_
- 3. Total fee charged \$ 40.00 \_\_\_\_\_

The undersigned Applicant is applying to rent the premises designated as:

Apt. No. \_\_\_\_\_ Located at \_\_\_\_\_

The rent for which is \$ \_\_\_\_\_ per \_\_\_\_\_. Upon approval of this application, and execution of a rental/lease agreement, the applicant shall pay all sums due, including required security deposit of \$ \_\_\_\_\_, before occupancy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (signature required)



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# EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Landlord requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. **Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)**

## TO BE COMPLETED BY APPLICANT

### 1. Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Employment Verification Form to the Landlord listed below.  
I hereby acknowledge that the Landlord can make copies of this executed page in order to obtain the information requested.

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY LANDLORD

### 2. Person requesting the employment reference

Name of Landlord \_\_\_\_\_ Camellia Realty \_\_\_\_\_

Address \_\_\_\_\_ 2801 Waterman Blvd. \_\_\_\_\_ Unit # \_\_\_\_\_ 150 \_\_\_\_\_

City \_\_\_\_\_ Fairfield \_\_\_\_\_ State \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_ 94534 \_\_\_\_\_

Phone number ( 707 ) \_\_\_\_\_ 422-9269 \_\_\_\_\_ Fax number ( 707 ) \_\_\_\_\_ 422-5974 \_\_\_\_\_

### 3. Applicant's employment information:

Present OR  Prior Occupation (check one)

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

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

Supervisor's/HR Manager's Name \_\_\_\_\_ Employer/HR Phone number (\_\_\_\_\_) \_\_\_\_\_

Beginning and Ending Dates of Employment \_\_\_\_\_

Current Gross Income (if applicable) \$ \_\_\_\_\_

## TO BE VERIFIED BY CURRENT OR FORMER EMPLOYER

### 4. Employment information verification

Is the information provided in Section 3 above correct?

Employer Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor's/HR Manager's Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/HR Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beginning and Ending Dates of Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Gross Income (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Verification provided by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

If No, please explain: \_\_\_\_\_

### Verification obtained by:

Phone  Mail  Fax



# RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. **Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)**

## TO BE COMPLETED BY APPLICANT

### 1. Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Rental Applicant Reference Form. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY OWNER/AGENT

### 2. Person requesting the rental reference

Name of Owner/Agent \_\_\_\_\_ Camellia Realty

Address \_\_\_\_\_ 2801 Waterman Blvd. \_\_\_\_\_ Unit # \_\_\_\_\_ 150

City \_\_\_\_\_ Fairfield \_\_\_\_\_ State \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_ 94534

Phone number (\_\_\_\_ 77) \_\_\_\_\_ 422-9269 \_\_\_\_\_ Fax number (\_\_\_\_ 707) \_\_\_\_\_ 422-5974

### 3. Applicant's rental information (PRESENT)

Name of rental community (if any) \_\_\_\_\_

Address of rental unit \_\_\_\_\_ Unit # \_\_\_\_\_

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

Name of Owner/Agent \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

Move-in date: Month \_\_\_\_\_ Year \_\_\_\_\_ Move-out date: Month \_\_\_\_\_ Year \_\_\_\_\_ or  current resident

## TO BE COMPLETED BY FORMER OR CURRENT OWNER/AGENT

### 4. Rental reference information

Did Applicant live at your property during the period indicated above?  Yes  No. Last effective monthly rent? \$ \_\_\_\_\_

If no, what were the dates of occupancy? From (month/year): \_\_\_\_\_ / \_\_\_\_\_ To (month/year): \_\_\_\_\_ / \_\_\_\_\_

How many times during the past 12 months did Applicant pay the rent late? .....  0  1-2  3-5  6 or more

Was any check from Applicant returned due to non-sufficient funds (NSF)? .....  Yes  No

Did you ever file for an unlawful detainer against Applicant for unpaid rent? .....  Yes  No

If yes, what was the result? \_\_\_\_\_

Does Applicant owe any amount for delinquent rent, utilities or damage to unit? .....  Yes  No

Did Applicant provide notice for ending tenancy according to the terms of the rental agreement? .....  Yes  No  
 Not applicable because Applicant still resides at unit

Did you ever serve a Three Day Notice to Applicant .....  Yes  No

If yes, please explain: \_\_\_\_\_

Information provided by: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Information obtained by:  Phone  Mail  Fax



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# RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. **Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)**

## TO BE COMPLETED BY APPLICANT

### 1. Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Rental Applicant Reference Form. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY OWNER/AGENT

### 2. Person requesting the rental reference

Name of Owner/Agent \_\_\_\_\_ Camellia Realty \_\_\_\_\_  
Address \_\_\_\_\_ 2801 Waterman Blvd. \_\_\_\_\_ Unit # \_\_\_\_\_ 150  
City \_\_\_\_\_ Fairfield \_\_\_\_\_ State \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_ 94534  
Phone number (\_\_\_\_\_) \_\_\_\_\_ 422-9269 \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_ 422-5974

### 3. Applicant's rental information (PREVIOUS)

Name of rental community (if any) \_\_\_\_\_  
Address of rental unit \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Owner/Agent \_\_\_\_\_  
Phone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_  
Move-in date: Month \_\_\_\_\_ Year \_\_\_\_\_ Move-out date: Month \_\_\_\_\_ Year \_\_\_\_\_ or  current resident

## TO BE COMPLETED BY FORMER OR CURRENT OWNER/AGENT

### 4. Rental reference information

Did Applicant live at your property during the period indicated above?  Yes  No. Last effective monthly rent? \$ \_\_\_\_\_  
If no, what were the dates of occupancy? From (month/year): \_\_\_\_\_ / \_\_\_\_\_ To (month/year): \_\_\_\_\_ / \_\_\_\_\_  
How many times during the past 12 months did Applicant pay the rent late? .....  0  1-2  3-5  6 or more  
Was any check from Applicant returned due to non-sufficient funds (NSF)? .....  Yes  No  
Did you ever file for an unlawful detainer against Applicant for unpaid rent? .....  Yes  No  
If yes, what was the result? \_\_\_\_\_

Does Applicant owe any amount for delinquent rent, utilities or damage to unit? .....  Yes  No  
Did Applicant provide notice for ending tenancy according to the terms of the rental agreement? .....  Yes  No  
 Not applicable because Applicant still resides at unit  
Did you ever serve a Three Day Notice to Applicant .....  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Information provided by: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Information obtained by:  Phone  Mail  Fax



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CORONAVIRUS PROPERTY ENTRY ADVISORY AND DECLARATION

(C.A.R. Form PEAD, 04/16/20)

(A new declaration should be obtained from each visitor, each time they enter a property) (May be used for more than one property provided a copy is delivered to each Listing Broker.)

Property Addresses

- 1. RISKS OF EXPOSURE: The Coronavirus (COVID-19) pandemic is a worldwide risk to human health. COVID-19 is highly contagious and has a mortality rate many times greater than the flu. COVID-19 can spread easily and exponentially. While people of all ages are at risk of catching COVID-19, persons with compromised immune systems and older persons may be at particular risk.
2. 'STAY HOME ORDERS': In order to reduce the spread of COVID-19, the State of California, as well as many California cities and counties have issued so-called 'Safer at Home' or 'Shelter in Place' ('Stay Home') Orders, obligating many businesses to close and residents to stay at home with limited exceptions for essential activities.
3. REAL ESTATE SALES ACTIVITIES AS ESSENTIAL: Under Federal and State guidelines, activities required to facilitate a real estate transaction are considered essential activities. Nevertheless, this designation does not make them free from COVID-19 risks. All persons must still practice 'social distancing' and take all steps necessary to protect themselves and others. Some county and city orders are more restrictive than, and may take precedence over, Federal and State guidelines. You understand that if you engage in any activities in violation of any Stay Home Order, you are acting against the advice of Broker. Brokers and Agents (i) will not violate any Stay Home Orders, notwithstanding any Party's instructions and (ii) will obey all Fair Housing laws while pursuing safe COVID-19 practices.
4. PURPOSE OF ENTRY: The purpose of the entry is for viewing or inspecting a Property or performing an activity or providing services in furtherance of or to facilitate a real estate transaction or service.
5. SELLER OR OCCUPANT REPRESENTATIONS: If the person Signing below is a seller or occupant, Signer is voluntarily allowing someone to enter the Property. Signer acknowledges being advised to clean and disinfect the Property after the persons allowed to enter leave the Property. Special attention should be given to areas that are likely to be touched such as doorknobs, handles, and counter tops.
6. PROPERTY ENTRANT REPRESENTATIONS: If the person Signing below is a prospective or actual buyer, real estate agent, or other person whose services facilitate the completion of a real estate transaction or service, Signer is voluntarily entering the Property. Signer acknowledges that although others have been advised to clean and disinfect the property after each entry, doing so may not be possible, and may not have occurred prior to your entry, due to Stay Home Orders and other circumstances. Signer agrees to take all reasonable and necessary precautions to protect Signer and others from the spread of COVID-19, including, but not limited to, the following:
A. Following all Federal, State, and local laws and Stay Home Orders, even though such laws and orders may be changing rapidly.
B. Exercising care to protect yourself, and assessing your own risks, by considering your age, underlying health conditions, recent travel, possible exposure to COVID-19, doctor's recommendations, and local, State and Federal recommendations. You agree and understand that it is your responsibility to evaluate the risks and protect yourself.
C. Washing your hands with soap and water or using hand sanitizer, and wearing rubber gloves, a protective face mask, and protective shoe coverings. Remember to not touch your eyes, nose, or mouth.
D. Practicing social distancing by keeping at least 6 feet between yourself and others. Do not gather in groups, and do not touch surfaces or items in the Property. If you believe it necessary to touch surfaces or items in the Property, consider the risks of doing so.
E. After viewing the Property, discarding any gloves, masks, or shoe coverings worn during the visit and washing hands with soap and water for at least twenty seconds.
7. ALL SIGNERS REPRESENTATIONS:
A. You understand that allowing access to or accessing a property for any of the purposes above may be dangerous or unsafe and could expose you or others to COVID-19 and that you are allowing or conducting those activities voluntarily.
B. You represent that:
(1) To the best of your knowledge, you are not currently afflicted with, and have not knowingly, within the last 14 days, been in contact with someone afflicted with, COVID-19;
(2) You are not experiencing a fever, or signs of respiratory illness such as cough, shortness of breath or difficulty breathing, or other COVID-19 symptoms and;
(3) You understand that persons may be afflicted with COVID-19 and: (i) not exhibit symptoms; (ii) not be aware that they are afflicted or (iii) may not voluntarily agree to disclose their condition.
C. You will inform Broker if, after the date this document is signed, there is a change in your health condition or knowledge that potentially puts others at risk or invalidates the representations made in this document.
8. EXCEPTIONS TO REPRESENTATIONS AND ADDITIONAL TERMS:



CORONAVIRUS PROPERTY ENTRY ADVISORY AND DECLARATION (PEAD PAGE 1 OF 2)



9. **AGREEMENT, DECLARATION AND ASSUMPTION OF RISK:** By signing below, you are declaring the foregoing is true, that you agree to take all recommended and reasonable actions to protect yourself and others from exposure to COVID-19, and that you **ASSUME THE RISK**, as applicable, of entering the Property, or allowing someone to enter the Property. You understand and agree that no one, including but not limited to real estate brokers and agents, can guarantee that you will not be exposed to or contract COVID-19.

By signing below, the person allowing entry or the person entering Property acknowledges that Signer has read, understands, voluntarily agrees to the foregoing, and has received a copy of this Coronavirus Property Entry Advisory and Declaration.

Person allowing entry or person entering Property:  Seller,  Buyer,  Broker/Agent,  Other Entrant, or  Occupant

<u>X</u>	<u>X</u>	Date <u>X</u>
(print name)	(signature)	
_____	_____	Date _____
(print name)	(signature)	


**I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS SIGNED PEAD FORM.**

Buyer's Broker/Agent's Initials (\_\_\_\_\_)

Seller's Broker/Agent's Initials (\_\_\_\_\_)

Seller's Initials (\_\_\_\_\_) (\_\_\_\_\_)

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**CORONAVIRUS PROPERTY ENTRY ADVISORY AND DECLARATION (PEAD PAGE 2 OF 2)**