



Return Application to:

9805 Gravelly Lake Dr. SW
Lakewood, WA 98499
253/582-7111 • 253/582-6119 (Fax)

Non-Refundable Screening Report (Check One)
Credit Only
Credit & Courts
Full Report

Equal Housing Opportunity



Tenant Screening Provided By



LEASE MONTH TO MONTH

UNIT #: RENTAL PAYMENT:

MANAGER RENTAL AGENT NAME:

PROPERTY ADDRESS:

MOVE IN DATE:

USE SEPARATE APPLICATIONS FOR EACH APPLICANT OTHER THAN LEGAL SPOUSE VISUAL PROOF OF DRIVER'S LICENSE/OR STATE ID PROVIDED: YES NO

APPLICANT INFORMATION Driver's license or photo ID must be provided. Incomplete or false information may result in denial.

Form fields for Applicant Information: LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL SEC. #, DRIVER'S LICENSE #, ISSUED DATE FROM WHICH STATE?, DRIVER'S LICENSE EXPIRATION DATE, DATE OF BIRTH, ADDRESS SHOWN ON DRIVER'S LICENSE, CITY, STATE, ZIP CODE.

SPOUSE INFORMATION Driver's license or photo ID must be provided. Incomplete or false information may result in denial.

Form fields for Spouse Information: LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL SEC. #, DRIVER'S LICENSE #, ISSUED DATE FROM WHICH STATE?, DRIVER'S LICENSE EXPIRATION DATE, DATE OF BIRTH, ADDRESS SHOWN ON DRIVER'S LICENSE, CITY, STATE, ZIP CODE.

APPLICANT AND SPOUSE RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial.

Form fields for Present Address: PRESENT ADDRESS, APT #, CITY, STATE, ZIP.

Form fields for Current Residence: DO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER, YOUR AREA CODE + PHONE #, MONTHLY PAYMENT AMT, HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?, DATES, CURRENT APT/MORTGAGE OR LANDLORD NAME, CITY, STATE, DAYTIME LANDLORD PHONE #, EVENING LANDLORD PHONE #, REASON FOR MOVING.

Form fields for Previous Address: PREVIOUS ADDRESS, APT #, CITY, STATE, ZIP.

Form fields for Previous Residence: DO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER, PERVIOUS APT/MORTGAGE OR LANDLORD NAME, PREVIOUS LANDLORD PHONE #, MONTHLY PAYMENT AMT, HOW LONG AT YOUR PREVIOUS ADDRESS?, DATES, REASON FOR MOVING, CITY, STATE.

APPLICANT'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

Form fields for Applicant's Current Employment: CURRENT EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES, FULL TIME TEMPORARY PART TIME SELF-EMPLOYED.

Form fields for Applicant's Previous/Additional Employment: PREVIOUS/ADDITIONAL EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES, FULL TIME TEMPORARY PART TIME SELF-EMPLOYED.

SPOUSE'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

Form fields for Spouse's Current Employment: ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES, FULL TIME TEMPORARY PART TIME SELF-EMPLOYED.

Form fields for Spouse's Previous/Additional Employment: PREVIOUS/ADDITIONAL EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES, FULL TIME TEMPORARY PART TIME SELF-EMPLOYED.

LIST ALL OTHER PROPOSED OCCUPANTS.

Form fields for Other Occupants: NAME, AGE, RELATIONSHIP.

Form fields for Car Information: CAR MAKE, YEAR, MODEL, LICENSE #.

Form fields for Nearest Relative: NAME OF NEAREST RELATIVE, RELATIONSHIP, ADDRESS, CITY, STATE, AREA CODE + PHONE #.

Form fields for Emergency Contact: EMERGENCY CONTACT, RELATIONSHIP, ADDRESS, CITY, STATE, AREA CODE + PHONE #.

Form fields for Checking Account: ADDRESS SHOWN ON CHECKING ACCT, CITY, STATE, ZIP, AMT. OF DEPOSIT FOR APT.

Form fields for Bank Information: BANK OR SAVINGS & LOAN CO., CITY, STATE, PHONE #, ACCT #.

Form fields for Additional Income: ADDITIONAL INCOME, APPLICANT SPOUSE, CITY.

Form fields for Pets: WILL YOU HAVE PETS LIVING IN THE UNIT? IF YES LIST PET TYPES.

Form fields for Waterbed: WILL YOU HAVE A WATERBED? DO YOU HAVE WATERBED INSURANCE? DO YOU SMOKE?

Form fields for Eviction: HAVE YOU EVER BEEN EVICTED OR LEFT A LANDLORD OWNING MONEY? IF YES, NAME OF APT/LANDLORD, CITY, STATE.

Form fields for Offense: HAVE YOU OR ANY INDIVIDUAL WHO WILL RESIDE AT THE RENTAL PROPERTY, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? TYPE OF OFFENSE, COUNTY, STATE.

By signing below, you understand that the agent listed will be working with you as a customer on a non-representative basis because he/she is an agent of the owner of this property and therefore cannot represent both parties. He/she will, however, work with you with the professional and ethical manners outlined in Section 3 of the 'Law of Real Estate Agency' pamphlet. Any change to this relationship must be made in writing without it we will continue our current status. By signing below you are also acknowledging receipt of the pamphlet, 'The Law of Real Estate Agency' and a copy of this agreement. In accordance with State and Federal laws you are hereby notified that an investigation may be made by Alliance Credit Services, Inc. (dba Alliance 2020) of the information you provided on this Application, together with information as to your character, general reputation, personal characteristics and mode of living. You have the right to dispute the accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the Fair Credit Reporting Act. Direct all inquiries to Alliance 2020, P.O. Box 4248, Renton, WA 98057. I/We certify that to the best of my/our knowledge all statements made herein are true and correct. I/We authorize Alliance 2020 to obtain such credit reports, character reports, verification of rental and employment history as it deems it necessary to verify all information set forth in the above Application, and provide an investigative report to the undersigned landlord. I/We further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

I authorize Alliance 2020 to charge my MC Visa in the amount noted above for this report. My Credit Card No. is

Signed _____ Applicant (and Credit Card Holder) Signed _____ Exp. Date _____ 3-Digit Verification Code from Back of Card _____