

Rental Properties NW 3101- 111th St SW Suite M Everett WA 98204

Our non-refundable screening fee is \$38.00 per applicant or \$45.00 per married couple. This fee must be paid with cash or a money order. Upon approval of your application you will have 24 hours to bring in your first month's rent payable in guaranteed funds. Please note that our rentals are shown continuously and applications are considered on a first come, first served basis.

TENANT SELECTION POLICY

When reviewing a Rental Application and Tenant Screening Report we will consider:
Extenuating circumstances (temporary loss of job, medical reasons, family emergencies, etc.)

APPLICANT'S NEED TO PROVIDE:

1. Copy of Social Security Card or equivalent proof of identity (Visa, Passport, etc)
2. Valid Drivers License
3. Proof of adequate income

Most recent check stub with year to date earnings

Self Employed – Tax Returns for last two years

Retired – Copies of Deposit slips, Investment Earnings Documentation,
Social Security Earnings Documentation, Bank Deposit History

Additional Income – Documents proving Child Support, Trust Funds, Bank Deposit History

Applicant's screening report will be reviewed for the following adverse (negative) information:

CREDIT

Civil Judgments and/or collections for rentals and/or utilities

Bankruptcy, foreclosures, negative credit

Lack of credit history

COURT RECORDS

History of criminal behavior that may negatively affect tenancy – drugs, sex offense, theft, robbery, assault, active warrants, etc...

REFERENCES

Lack of 12 months of continuous, positive, objective rental history

Negative and/or incomplete rental references

EMPLOYMENT/INCOME

Lack of proper documentation proving adequate income to pay rent (earnings need to be 3 times rent amount)

Screening Report will also be reviewed for:

1. False information and/or omission of material fact listed on Rental Application
2. Lack of information provided on Rental Application

You have the right to obtain a FREE copy of your credit report each year from every credit bureau (Equifax, Experian, Trans Union). For a FREE copy log onto: www.annualcreditreport.com
Alliance 2020 obtains their credit reports from Trans Union.

In the event of Adverse Action (denial of tenancy, cosigner or increased deposit required) you have the right to a FREE copy of the background check we reviewed and processed by Alliance 2020. You also have the right to dispute the accuracy of any information therein.

In compliance with Washington State's Fair Tenant Screening Act of 2012, and the Fair Credit Reporting Act (FCRA), this is to inform you that the background investigation will be processed through Alliance 2020. We may be obtaining credit reports, court records (civil and criminal), arrest detention information, employment and rental references as needed to verify all information put forth on your rental application.

Contact information: Alliance 2020 PO Box 4248 Renton, WA 98057 Toll free at: 1.800.289.8065

Rental Properties NW

Tenant Screening By: **Alliance**
EDGE
Integrity is better than hindsight

3101 111th St SW, Suite M Everett WA 98204
425.355.0570 Fax 425.267.3470

A Full Report Will Be Provided If No Box is Checked
 Full Report Credit/Courts Credit Only LEASE MONTH TO MONTH

MANAGER /RENTAL AGENT NAME: Nancy PROPERTY ADDRESS (if different from above): _____ RENTAL PAYMENT: _____
Screening Status Single Married UNIT #: _____ MOVE IN DATE: _____

USE SEPARATE APPLICATIONS FOR EACH APPLICANT OTHER THAN SPOUSE WITH SAME LAST NAME 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.

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ SOCIAL SEC. #: _____ DATE OF BIRTH: _____
DRIVER'S LICENSE #: _____ ISSUED FROM WHICH STATE?: _____ DRIVER'S LICENSE EXPIRATION DATE: _____ CELL PHONE: _____ E-MAIL: _____
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.

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ SOCIAL SEC. #: _____ DATE OF BIRTH: _____
DRIVER'S LICENSE #: _____ ISSUED FROM WHICH STATE?: _____ DRIVER'S LICENSE EXPIRATION DATE: _____ CELL PHONE: _____ E-MAIL: _____
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.

PRESENT ADDRESS: _____ APT #: _____ CITY: _____ STATE: _____ ZIP: _____
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? FROM: _____ DATES: _____ TO: _____
CURRENT APT/MORTGAGE OR LANDLORD NAME: _____ CITY: _____ STATE: _____ DAYTIME LANDLORD PHONE #: _____ EVENING LANDLORD PHONE #: _____
REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____ APT #: _____ CITY: _____ STATE: _____ ZIP: _____
DID 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? FROM: _____ DATES: _____ TO: _____
REASON FOR MOVING: _____ CITY: _____ STATE: _____

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

CURRENT EMPLOYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ AREA CODE + PHONE #: _____
POSITION: _____ SUPERVISOR'S NAME: _____ MONTHLY SALARY: \$ _____ EMPLOYMENT DATES: FROM: _____ TO: _____ FULL TIME TEMPORARY PART TIME SELF-EMPLOYED
PREVIOUS/ADDITIONAL EMPLOYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ AREA CODE + PHONE #: _____
POSITION: _____ SUPERVISOR'S NAME: _____ MONTHLY SALARY: \$ _____ EMPLOYMENT DATES: FROM: _____ TO: _____ FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

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

CURRENT EMPLOYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ AREA CODE + PHONE #: _____
POSITION: _____ SUPERVISOR'S NAME: _____ MONTHLY SALARY: \$ _____ EMPLOYMENT DATES: FROM: _____ TO: _____ FULL TIME TEMPORARY PART TIME SELF-EMPLOYED
PREVIOUS/ADDITIONAL EMPLOYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ AREA CODE + PHONE #: _____
POSITION: _____ SUPERVISOR'S NAME: _____ MONTHLY SALARY: \$ _____ EMPLOYMENT DATES: FROM: _____ TO: _____ FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

PAGE 1 OF A 2 PAGE RENTAL APPLICATION



When this Page is Filled Out, Please Initial Here _____ and Fill Out and Sign Page 2 of this Application.

APPLICANT INFORMATION - PLEASE PROVIDE THIS INFORMATION AGAIN TO IDENTIFY YOUR APPLICATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SOCIAL SEC. #:	CELL PHONE:
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LIST ALL OTHER PROPOSED OCCUPANTS.

NAME:	AGE:	RELATIONSHIP:	NAME:	AGE:	RELATIONSHIP:		
NAME:	AGE:	RELATIONSHIP:	NAME:	AGE:	RELATIONSHIP:		
CAR MAKE:	YEAR:	MODEL:	LICENSE #:	CAR MAKE:	YEAR:	MODEL:	LICENSE #:
NAME OF NEAREST RELATIVE:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:		
EMERGENCY CONTACT:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:		
ADDITIONAL INCOME: APPLICANT \$	SOURCE	ADDITIONAL INCOME: SPOUSE \$	SOURCE				
WILL YOU HAVE PETS LIVING IN THE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES LIST PET TYPES:	DO YOU HAVE RENTER'S INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY:	STATE:	DO YOU OR ANY OF THE PROPOSED RESIDENTS SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF APT/LANDLORD:	CITY:	STATE:	ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE OF OFFENSE:	COUNTY:	STATE:				

PLEASE PROVIDE A MINIMUM OF TWO PERSONAL REFERENCES WHO ARE NOT RELATIVES

NAME:	CITY:	STATE:	AREA CODE + PHONE #:
RELATIONSHIP: <input type="checkbox"/> FRIEND <input type="checkbox"/> CO-WORKER <input type="checkbox"/> BUSINESS ASSOCIATE <input type="checkbox"/> OTHER	HOW LONG HAVE YOU KNOWN THIS PERSON?: _____ Years _____ Months		
NAME:	CITY:	STATE:	AREA CODE + PHONE #:
RELATIONSHIP: <input type="checkbox"/> FRIEND <input type="checkbox"/> CO-WORKER <input type="checkbox"/> BUSINESS ASSOCIATE <input type="checkbox"/> OTHER	HOW LONG HAVE YOU KNOWN THIS PERSON?: _____ Years _____ Months		
NAME:	CITY:	STATE:	AREA CODE + PHONE #:
RELATIONSHIP: <input type="checkbox"/> FRIEND <input type="checkbox"/> CO-WORKER <input type="checkbox"/> BUSINESS ASSOCIATE <input type="checkbox"/> OTHER	HOW LONG HAVE YOU KNOWN THIS PERSON?: _____ Years _____ Months		
NAME:	CITY:	STATE:	AREA CODE + PHONE #:
RELATIONSHIP: <input type="checkbox"/> FRIEND <input type="checkbox"/> CO-WORKER <input type="checkbox"/> BUSINESS ASSOCIATE <input type="checkbox"/> OTHER	HOW LONG HAVE YOU KNOWN THIS PERSON?: _____ Years _____ Months		

APPLICANT'S DISCLOSURE, RELEASE AND CONSENT

I/we understand I/we acquire no rights in an apartment or subject property until I/we sign this agreement and submit a deposit (holding fee)** in the amount of indicated above. Upon approval of this and the signing of a rental agreement, this fee will be credited against my/our deposit and/or my/our first month's rent in consideration for landlord holding said apartment or subject property at _____.

I/we hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I/we do not choose to enter into the agreement applied for herein; in the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by 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. This information is provided to the landlord based upon your written request. 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 is 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.

**AMT. OF DEPOSIT FOR UNIT/PROPERTY \$	**COST OF THIS REPORT (NON-REFUNDABLE) \$
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Signed _____ Applicant
Signed _____ Landlord

Signed _____ Applicant
Signed _____ Landlord

Dated _____
Dated _____

