

(253)472-7336 Fax: (253)472-3150

Report Type: Full 🗆 Express 🗖 Credit Only 🗖 Public Records 🗖



Property Name/Account Number:

All questions must be answered completely and honestly. Illegible handwriting will delay results.

IDENTIFICATION						
Last Name:	First Name:			MI: DL#:		
SSN:						
Home Phone:	Cell Phone:					
Additional Names:		Additic	onal Occupants:			
RESIDENTIAL HISTORY	,					
Address:			Previous Address:			
City:	State:	Zip:	City:		State:	Zip:
Date From:	To:		Date From:		To:	
Community:		Rent 🗖 Own 🗖	Community:			Rent 🗖 Own 🗖
Owner/Mgr:	Phone:		Owner/Mgr:		Pho	ne:
Reason for Move:	Re	ent:	Reason for Move:			Rent:
EMPLOYMENT HISTOR	Y					
Company:				Date From:		To:
Position:		Sala	ary:		ull Time 🗖 Part Time (🗖 Temp 🗖
Supervisor		Phone:		Email Addr	ess:	
Compony				Date From:		To:
Position:		Salary:		Status: Full Time 🗖 Part Time 🗖 Temp 🗖		
Supervisor:		Phone:		Email Addr	ess:	
CREDIT REFERENCES						
Bank:		Savings Acct #:				
Auto #1·			State:			
Auto #2:		License Plate:			State:	
REFERENCES						
Local Acquaintance:		Phone:	Add	dress:		
Nearest Relative		Phone:	Add	dress:		
Emergency Contact:		Phone:	Add	dress:		
Have you ever been evicted? Have the police ever been sum Civil Judgments Yes □ No □ Broken a Rental Contract Yes Refused to pay rent: Yes □ N Convicted of a felony: Yes □ Do you own a: Waterbed □ Ac Are you presently on any housing	moned to you home for any re Explain: No Explain: Filed bankruptcy: Yes No Please Explain and pr puarium Boat Motorhom ng list: Yes No Explai	I No □ Arrested: Yes ovide jurisdiction: e □ Motorcycle □ Dog n:	No Convicted	d of any illegal d	Irug activity: Yes 🗖 No	
CONSENT TO RELEASE OF the rental unit until the rental or rental or apartment rental a at liquidated damages in the ever holding fee shall be returned information with regard to the references to Sound Screen false or misrepresented infor general reputation, and mode to disclosure of the nature and tenancy is denied based on inf WA 98411-1088. Sound Screen criteria which may result in deni	ontract is signed and I submit agreement or lease, this fe int I do not choose to enter into to applicant. Applicant dec applicant's residency, em ing Services. Applicant furth mation may constitute group of living and shall not cons scope of the investigation an formation provided by Sound S ning Services is not responsil	a holding fee in the amo e will be credited aga , I hereby waive all n to the lease/rental agreem lares that all of the ab ployment, financial ins ner authorizes the discl nds for rejection of this titute an invasion of pri d/or a written summary of Screening Services, Inc. a ble for determining its clin	inst my first month rights to the return of ove statements are titutions, public rec- losure of this inform application. Applic vacy. Applicant has to f his or her rights un applicant may contact	h's rent. In co of said holding f n. In the event s e true and com cords including nation to rental cant agrees that the right to dispu- der RCW 19.18 t Sound Screeni	Upon approval of tena onsideration for landle fee and said holding f said application for tena oplete and hereby au criminal convictions of owner/agent. Applic the this is a routine involute the accuracy of repo 22 et seq., the WA Fai ing Services, Inc. at P.	ord holding said rental fee shall be retained as ancy is not accepted, the thorizes the release of , liens, judgments, and cant acknowledges that estigation of character, ort content and is entitled ir Credit Reporting Act. If O. Box 111088 Tacoma,
Per RCW 62A.3-515, NSF che checks and handling fees are			or the face amount o	of the check. Ad	dditional fees and per	nalties will apply if NSF
						· • ·· ··

I have read and agreed to the provisions above. To the best of my knowledge all answers are true & correct. I understand that misleading or false information may result in denial of tenancy or possible eviction.

Date:

Applicant	Signature:
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To be completed by property/owner representative. Management Company: Phone: Type: 1 BD 🗖 2 BD 🗖 3 BD 🗖 4 BD 🗖 Bldg Name Contact Name: Type of ID Verified: Drivers' Lic 🗆 State ID 🗆 Military ID 🗖 Soc Sec. Card 🗖 Lease 🗖 or Rental Agreement 🗖 Move In Date: Co-Applicant Name/Co-signor for: Rent Amount: Drive By Sign Marketing Source: Brochure Apartment Guide For Rent Yellow Pages Blue Book Internet Referral Current Resident Referral Referred by Main Office Welcome Center Manager Friend Newspaper Other: Accepted By(Print): Date: