

RENTAL SCREENING APPLICATION



101 E 14th Avenue APT 41, Ellensburg, WA 98926
 Phone: 509-962-9291
 Fax: 509-241-0312 www.aspencircle.net

TYPE OF REPORT

- FULL CONSUMER
\$37 fee
- CO-SIGNER
\$16 fee

MEMBER ACCOUNT # 9617

DATE OF APP: _____

RENT \$ _____

ADDRESS: 101 E 14th Avenue
 APT _____, Ellensburg, WA 98926

****INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING****

PROPERTY INFORMATION				
COMPLEX NAME/ADDRESS ASPEN CIRCLE APARTMENTS	REQUESTING AGENT Laurie Merwin	PHONE# 509-962-9291	FAX# 509-241-0312	
Number of Bedrooms:	MOVE IN:	DEPOSIT:	PET DEPOSIT:	
APPLICANT INFORMATION				
APPLICANT IS: <input type="checkbox"/> APPLYING ALONE <input type="checkbox"/> HAS CO-APPLICANTS <input type="checkbox"/> HAS CO-SIGNER	CO-APPLICANT'S NAME(S) (MUST COMPLETE SEPARATE APPLICATION) 1. _____ 2. _____ 3. _____		RELATIONSHIP _____ _____	
APPLICANT LAST NAME	FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #	
DRIVERS LICENSE #	STATE	DATE OF BIRTH (MM/DD/YYYY)	EMAIL ADDRESS:	PHONE #
SPOUSE'S LAST NAME	FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #	
TOTAL GROSS MONTHLY INCOME \$ (include all sources)	SPOUSE'S DRIVERS LICENSE #	SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)	SPOUSE'S PHONE #	
SPOUSE'S EMAIL ADDRESS:		OTHER NAMES USED FOR EITHER APPLICANTS:		
CURRENT RESIDENCE				
(1) PRESENT STREET ADDRESS		APT #	CITY	STATE ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME	PHONE	FAX	
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	
PREVIOUS RESIDENCE				
(2) PREVIOUS STREET ADDRESS		APT #	CITY	STATE ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME	PHONE	FAX	
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	
(3) PREVIOUS STREET ADDRESS		APT #	CITY	STATE ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME	PHONE	FAX	
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	

Please include a copy of your driver's license or ID

EMERGENCY CONTACT INFORMATION			
NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE
ADDITIONAL OCCUPANTS			
Do you have any dependents that will be living at the property? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST NAMES AND DATES OF BIRTH FOR ALL OCCUPANTS	
EMPLOYMENT HISTORY			
PRESENT EMPLOYER	CITY	STATE	POSITION/TITLE
			PHONE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
SPOUSE'S CURRENT EMPLOYER	CITY	STATE	POSITION/TITLE
			PHONE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
ADDITIONAL INCOME <small>Additional income such as child support, alimony, or separate maintenance need not be disclosed unless such income is to be included in consideration for qualification.</small>			
AMOUNT OF ADDITIONAL INCOME \$	FREQUENCY	SOURCE	
MISCELLANEOUS INFORMATION			
Do you have any pets? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, (Please Explain):		LIST PET TYPES AND BREEDS
CRIMINAL HISTORY			
Have you ever been convicted of any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please use an additional page for multiple offenses)		What level was the offense? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation	COURT LOCATION:
EVICTION HISTORY			
Have you ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you request a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE INFORMATION			
MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE

Applicant/Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant hereby authorize the landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment verification through ACRA.net.

Applicant/Co-Applicant understand that a NON-REFUNDABLE APPLICATION FEE of **\$37.00 for a Single Applicant, and/or \$16.00 for a Cosigner** will be paid at the time application is submitted.

Applicant's Signature _____ Spouse's Signature _____ Date _____

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by ACRA.NET is for the purpose of evaluating the applicant's residency and no other purpose.

Agent's Signature _____ Date _____

It is the Policy of the owners and managers of this management company and/or landlord not to discriminate against anyone in any respect in the rental of this dwelling unit because of race, nationality, religion, sex, disability or family status / having children under the age of 18.

BILLING INFORMATION (DO NOT FILL OUT IF PAYING BY CHECK)				
CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	TOTAL AMOUNT \$	CARD NUMBER	EXP. DATE	SECURITY CODE
NAME ON CARD	BILLING ADDRESS	APT #	CITY	STATE ZIP
My signature below authorizes ACRA.NET, a background screening and reporting company, to charge the above credit card the background screening fee noted above. I agree to pay for this charge according to the terms of my card holder agreement.				
Signature _____			Date _____	