

RENTAL SCREENING APPLICATION



Aspen Circle Apartments
in Ellensburg, WA

101 E 14th Avenue APT 41, Ellensburg, WA 98926
Phone: 509-962-9291
Email: aspencircle1@gmail.com
Website: www.aspencircle.net

TYPE OF REPORT

(CHECK ONE)

- FULL CONSUMER (TENANT)**
\$48.50 fee per applicant
- CO-SIGNER**
\$19.00 fee per applicant

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	EMAIL aspencircle1@gmail.com	WEBSITE www.aspencircle.net
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APPLICANT INFORMATION

APARTMENT SIZE: Circle one 1-BDRM, 2-BDRM, 3-BDRM	IDEAL MOVE IN DATES:	LESS IDEAL MOVE IN DATE RANGE:	PETS:	KIDS:
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		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		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		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				
SEASONAL EMPLOYMENT OR INCOME SOURCE <input type="checkbox"/> YES <input type="checkbox"/> NO				
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 <i>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.</i>				
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 ACRANet.

Applicant/Co-Applicant understand that a NON-REFUNDABLE APPLICATION FEE of **\$48.50 for a Single Applicant, and/or \$19.00 for a Cosigner (\$97.00 for Married Applicants, \$38.00 for Married Cosigners)** will be paid at the time application is submitted.

Applicant's Signature _____ Spouse's Signature _____
(Handwritten or Electronically Verified Signatures Only) _____ Date _____

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by ACRANET 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 OR MONEY ORDER)				
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 ACRANET, 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 _____ <i>(Handwritten or Electronically Verified Signatures Only)</i>			Date _____	