

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)
\$56.00 plus WA sales tax; fee per applicant
- CO-SIGNER
\$23.00 plus WA sales tax; 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:
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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 _____ _____
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APPLICANT: LAST NAME	FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #
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DRIVERS LICENSE #	STATE	DATE OF BIRTH (MM/DD/YYYY)	EMAIL ADDRESS:	PHONE #
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SPOUSE'S: LAST NAME	FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #
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TOTAL GROSS MONTHLY INCOME \$ _____ (include all sources)	SPOUSE'S DRIVERS LICENSE #	SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)	SPOUSE'S PHONE #
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SPOUSE'S EMAIL ADDRESS:	OTHER NAMES USED FOR EITHER APPLICANTS:
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CURRENT RESIDENCE

(1) PRESENT STREET ADDRESS	APT #	CITY	STATE	ZIP
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TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN	LANDLORD NAME	PHONE	FAX
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MONTHLY RENT \$ _____	MOVE-IN DATE	MOVE-OUT DATE	EMAIL
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PREVIOUS RESIDENCE

(2) PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP
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TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN	LANDLORD NAME	PHONE	FAX
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MONTHLY RENT \$ _____	MOVE-IN DATE	MOVE-OUT DATE	EMAIL
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(3) PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP
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TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN	LANDLORD NAME	PHONE	FAX
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MONTHLY RENT \$ _____	MOVE-IN DATE	MOVE-OUT DATE	EMAIL
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Please include a copy of your driver's license or ID

EMERGENCY CONTACT INFORMATION

NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE
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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
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EMPLOYMENT HISTORYSEASONAL EMPLOYMENT OR INCOME SOURCE YES NO

PRESENT EMPLOYER	CITY	STATE	POSITION/TITLE	PHONE
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SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
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SPOUSE'S CURRENT EMPLOYER	CITY	STATE	POSITION/TITLE	PHONE
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SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
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ADDITIONAL INCOME *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.*

AMOUNT OF ADDITIONAL INCOME \$	FREQUENCY	SOURCE
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MISCELLANEOUS INFORMATION

Do you have any pets? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, (Please Explain):	LIST PET TYPES AND BREEDS
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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:
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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
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VEHICLE INFORMATION

MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE
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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 **\$56.00 (plus WA sales tax) for a Single Applicant, and/or \$23.00 (plus WA sales tax) for a Cosigner (\$112.00 for Married Applicants, \$46.00 for Married Cosigners, plus WA sales tax)** 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 \$ plus, WA sales tax	CARD NUMBER	EXP. DATE	SECURITY CODE
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NAME ON CARD	BILLING ADDRESS	APT #	CITY	STATE	ZIP
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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 _____ Date _____
(Handwritten or Electronically Verified Signatures Only)