Tenant Screening By: Alliance 2020 insight is better than hindsight

Telephone (425) 271-8065 1-800-289-8065

Fax (425) 227-9246 1-800-289-9246

	Report Type:	☐ LEASE ☐ MONTH TO MONTH	
	VISUAL PROOF OF DRIVER'S LICENSE/STATE ID PROVIDED: ☐ YES ☐ NO	UNIT #:	RENTAL PAYMENT:
MANAGER /RENTAL AGENT NAME:	PROPERTY ADDRESS (if different from above):		MOVE IN DATE:

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:

APPLICANT 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?	DATES: FROM:	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?	DATES: FROM:	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 ☐ PART TIME ☐ TEMPORARY ☐ SELF-EMPLOYED

PREVIOUS/ADDITIONAL EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
				( )

POSITION	SUPERVISOR'S NAME:	MONTHLY SALARY: $	EMPLOYMENT DATES: FROM:	TO:	☐ FULL TIME ☐ PART TIME ☐ TEMPORARY ☐ SELF-EMPLOYED

LIST ALL OTHER PROPOSED OCCUPANTS. LANDLORD MAY REQUIRE A SEPARATE SCREENING REPORT FOR EACH OCCUPANT 18 AND OLDER.

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? ☐ YES ☐ NO	IF YES LIST PET TYPES:	DO YOU HAVE RENTER'S INSURANCE? ☐ YES ☐ NO	DO YOU OR ANY OF THE PROPOSED RESIDENTS SMOKE? ☐ YES ☐ NO

HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY?: ☐ YES ☐ NO	IF YES, NAME OF APT/LANDLORD:	CITY:	STATE:	ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER? ☐ YES ☐ NO

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE?: ☐ YES ☐ NO	IF YES, TYPE OF OFFENSE:	COUNTY	STATE:

APPLICANT'S DISCLOSURE, RELEASE AND CONSENT

Deposit **AMT. OF DEPOSIT FOR UNIT/PROPERTY $

I understand I acquire no rights in an apartment or subject property until I 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 deposit and/or my first month's rent in consideration for landlord holding said apartment or subject property at _____.

I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I 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 inquires to Alliance 2020, P.O. Box 4248, Renton, WA 98057.

I certify that to the best of my knowledge all statements made herein are true and correct. I 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 further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Signed_____ Date _____ Signed_____ Date _____

Applicant Landord/Property Manager

Rev. 06-2010 wlw

Equal Housing Opportunity

Applicant Qualification and Disclosure Notice

All applicants will be considered, and a decision will be made based upon references from previous landlords, verifiable ability to pay, banking and public records, job and credit history and personal history, regardless of Sex, Race, Religion, Marital or Familial Status, National Origin, Sexual Preference, Age or Disabilities.

I understand I acquire no right in an apartment or house (herein called unit) until I sign a Rental Agreement in the form submitted to me and make a deposit of $_____ on the unit I have selected, which deposit is to be held in accordance with the Rental Agreement. In consideration of the landlord's holding this unit for me, I hereby waive all right to the return of this deposit, and once I have been approved by management to rent the unit said deposit shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, deposit shall be returned to applicant.

The Tenant screening agency we use is Alliance 2020, whose phone number is 800-289-8065.
Should your application not be accepted and you have questions concerning your references or credit, call them.

1. ***Rental Requirements:*** *(picture identification is required of all applicants)*
   - 12 months verifiable positive rental/mortgage history
   - Military housing will be accepted as rental history if applicant has been in military for a period of 1 yrs.
2. ***Employment Requirements:***
   - 12 months verifiable employment
   - Both current and previous can be taken into consideration if the employment is in a related field.
3. ***Income Requirements:***
   - The applicant must make 2.5 times the amount of rent, OR
   - The combination of primary and additional sources of verifiable income equaling 2.5 times the rent.

   (Income levels may vary depending on property requirements)
4. ***Credit Requirements:***
   - 1 year positive established credit
   - Bankruptcies must be discharged for 1 year or the application may be denied
   - Bankruptcies that have not been discharged will result in denial
5. ***Reasons For Denial of the Application:***
   - False, Fraudulent, misleading or withholding of information; Evictions within the past 7 years
   - Owing money to another apartment community

Note: Criminal*: Upon receipt of the rental application, a search of public records to determine whether the applicant or any proposed tenant has ever been convicted of any crime within the last 7 years, including felonies and misdemeanors. A conviction/s for any charge involving theft, dishonesty, assault, intimidation, and drug related or weapons charge, obscenity and related violations, sex crimes and/or child sex crimes shall be grounds for denial.*

6. ***Co-Signer Requirements:*** Must make 4 times the amount of the rent and meet the criteria above in all other aspects
7. ***Section 8:*** Must make 2.5 times the amount of rent they are responsible for and meet the criteria above in all other aspects

>Occupancy allowance: (2) persons in a studio or 1 bedroom; three (3) persons in a 2 bedroom, four (4) persons in a three bedroom. Families: three persons in a 1 bedroom, four persons in a 2 bedroom, five persons in a 3-bedroom apartment.

>Smoking Policy: is ____, **is NOT** ___ allowed on the premises.

>Pets: are ____ are not _____ allowed. Type allowed: _____. Additional deposit amount: _____

>Tenancy term: will be a Lease Agreement for a term of _____ months, starting _____

>Utilities: *Paid by Landlord:* _____ ***Residents pay:*** Utilities to be determined at time of application

Before gaining possession & keys, the following amounts must be paid:

First Month's Rent: $_____ **Non**-Refundable Fees:
Last Month's Rent: $_____ (carpet & blind cleaning): $ _____
Refundable Security Deposit: $_____ Additional Security Deposit $_____
Tenant Screening Fee: $_____ ***payable in a separate check to "_____"***
>Comments or Additional Terms & Conditions or Concessions offered: _____

_____ _____ **Property Name:** _____ **Unit #**_____
Applicant's Signature Date **Address:** _____
_____ _____ **Manager:** _____ **Phone:** _____
Applicant's Signature Date

Managers*: have applicants sign this form, give them a copy, fax a copy to the office w/their applications & keep the originals*