



**P.O. BOX 2706, LYNNWOOD, WA 98036**  
**PHONE (425) 275-5360**  
**FAX (425) 776-8217**

<b>Rental office must complete prior to processing:</b>	
Bldg. Name _____	Bldg. # _____
Bldg. Application # _____	Accepted By _____
Method of Payment _____	Check # _____
Apt. # _____	Rent \$ _____ ID Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Move-In Date _____	Concession \$ _____

**STANDARD CRITERIA**

This apartment community provides an equal housing opportunity for all people. Criteria to qualify for residency includes:

- Proof of identification
- Gross income of at least 3 times the amount of rent (unless specified by property).
- Verification of employment (minimum 1 year at present employer or consistent trade or occupation).
- Verification of positive, current rental history (minimum 1 year rental, home ownership, or military residence).
- Positive credit history (minimum 1 year responsible credit use and current payments).



Upon investigation and verification of the information provided, Resident Screening Services will make a recommendation regarding an approval or denial of residency. Instant approval is based on Transrisk score of 680 or higher (unless specified by property) and no disqualifying criminal convictions found on name provided and other denying factors. In the event that a majority, but not all, of the requirements above are met, an approval conditioned upon one of the following may be made: a) First and Last Month's Rent; b) Qualified Roommate; c) Co-Signer Agreement (Cosigners must be approved unconditionally to qualify); .and/or d) Additional Security Deposit.

One Applicant       Co-Applicant       Co-Signer       Add-On Roommate

**APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Additional Names Used (first , middle, or last name) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Name(s) of Additional Occupants \_\_\_\_\_ Email Address \_\_\_\_\_

DO YOU HAVE: Pets?  Yes  No Pet Size & Type \_\_\_\_\_ Waterbed?  Yes  No Waterbed Insurance?  Yes  No

HAVE YOU EVER BEEN EVICTED?  Yes  No - If Yes, please explain: \_\_\_\_\_

HAVE YOU EVER DECLARED BANKRUPTCY?  Yes  No - If Yes, has it been discharged?  Yes  No Discharge Date: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  Yes  No - If Yes, please explain: \_\_\_\_\_

ARE YOU CURRENTLY A REGISTERED SEX OFFENDER?  Yes  No

ARE YOU PARTICIPATING IN THE SECTION 8 PROGRAM?  Yes  No If Yes, please attach voucher or certificate Section 8 Rent Responsibility \$ \_\_\_\_\_

**RESIDENCE INFORMATION**

Current Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. Community (House) \_\_\_\_\_

Owner/Mgr. (Contact) \_\_\_\_\_ Mgr. Phone Number \_\_\_\_\_ From : (mm/yyyy) To : \_\_\_\_\_ Payment to: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Previous Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. Community (House) \_\_\_\_\_

Owner/Mgr. (Contact) \_\_\_\_\_ Mgr. Phone Number \_\_\_\_\_ From : (mm/yyyy) To : \_\_\_\_\_ Payment to: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer \_\_\_\_\_ Position \_\_\_\_\_ Contact Name (H/R, Payroll, or Supervisor) \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From : (mm/yyyy) To : \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Contact Name (H/R, Payroll, or Supervisor) \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From : (mm/yyyy) To : \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Additional Income \_\_\_\_\_ Source(s) \_\_\_\_\_

**CREDIT INFORMATION**

Auto #1 (Color, Make, Year & Model)	License Plate #	State	Car Payment Made To:	Monthly Payment \$
Auto # 2 (Color, Make, Year & Model)	License Plate #	State	Car Payment Made To:	Monthly Payment \$
Bank , Credit Union, or Savings & Loan	Branch		Checking Account #	Phone Number
Loans & Credit Accounts	Total \$ Debt		Account #	Monthly Payment \$

**ADDITIONAL INFORMATION**

Applicant's Nearest Relative	Relationship	Address	Phone Number
Emergency Contact	Relationship	Address	Phone Number
Personal Reference	Relationship	Address	Phone Number

I agree to pay Resident Screening Services a non-refundable application fee in the amount of \$\_\_\_\_\_ which is earned upon the submission and receipt of this application. I understand I will be charged an additional fee of \$\_\_\_\_\_ (\*See NSF Schedule below) if my check is returned from the bank for any reason. I understand I acquire no rights in an apartment until I sign a rental agreement and submit a holding fee in the amount of \$\_\_\_\_\_. If my tenancy is approved and I sign an apartment rental agreement, this fee shall be credited to my first month's rent and/or security deposit. If my tenancy is approved but I DO NOT sign an apartment rental agreement, this fee shall be forfeited to the landlord as liquidated damages for holding an apartment off the market at \_\_\_\_\_. If my tenancy is not approved, this fee shall be returned to me. The applicants copy of this application will serve as a receipt of payment for the screening charge collected. I authorize and direct Resident Screening Services to obtain such credit reports, criminal reports , verification of rental and employment history as it deems necessary to verify all information set forth in the above application. I further understand that false, fraudulent, misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

In accordance with State and Federal laws, you are hereby notified that an investigation may be made of the information you provided on this application together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information obtained from the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of this investigation and/or a written summary of your rights under the Fair Credit Reporting Act. Direct all inquiries to: Resident Screening Services - Consumer Interview P.O. Box 2706 Lynnwood, WA 98036 Phone (425) 275-5360 / Fax (425) 776-8217.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The undersigned agent for the above referenced apartment community certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(RSS-STD-007)  
(Rev. 6/08)

\*NSF Fee Schedule: WA = \$35 MT = \$30 OR, NV = \$25 ID = \$20 UT = \$40



**R E S I D E N T  
S C R E E N I N G  
S E R V I C E S**

**PHONE (425) 275-5360**

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### **Resident Screening Services Disclosure Form**

I authorize and direct Resident Screening Services to obtain such credit reports, criminal reports, verification of rental and employment history as it deems necessary to verify all information set forth in the written application. I further understand that false, fraudulent, misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements expressed or implied between the parties.

In accordance with State and Federal laws, you are hereby notified that an investigation may be made of the information you provided on the written application together with information as to your character, general reputation, personal characteristics, and mode of living. Direct all inquiries to: Resident Screening Services - Consumer Interview P.O. Box 2706 Lynnwood, WA 98036 Phone (425) 275-5360 / Toll Free Phone 1-877-283-9770 / Fax (425) 776-8217.

Applicant's Signature \_\_\_\_\_

\*Printed Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned agent for the above referenced apartment community certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose.

Agent's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Building Number: _____ * Credit Systems Application Number: _____
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\*Please print legibly and clearly