



(253)472-7336 Fax: (253)472-3150

Report Type: Full  Express  Credit Only  Public Records



Property Name/Account Number: \_\_\_\_\_

All questions must be answered **completely** and **honestly**. **Illegible** handwriting will delay results.

**IDENTIFICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DL#: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Additional Names: \_\_\_\_\_ Additional Occupants: \_\_\_\_\_

**RESIDENTIAL HISTORY**

Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date From: \_\_\_\_\_ To: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
Community: \_\_\_\_\_ Rent Own Community: \_\_\_\_\_ Rent Own  
Owner/Mgr: \_\_\_\_\_ Phone: \_\_\_\_\_ Owner/Mgr: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Move: \_\_\_\_\_ Rent: \_\_\_\_\_ Reason for Move: \_\_\_\_\_ Rent: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Company: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Status: Full Time Part Time Temp  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Company: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Status: Full Time Part Time Temp  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CREDIT REFERENCES**

Bank: \_\_\_\_\_ Checking Acct #: \_\_\_\_\_ Savings Acct #: \_\_\_\_\_  
Auto #1: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
Auto #2: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

**REFERENCES**

Local Acquaintance: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Have you ever been evicted? Yes No** Property Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Have the police ever been summoned to your home for any reason? \_\_\_\_\_  
Civil Judgments Yes No Explain: \_\_\_\_\_  
Broken a Rental Contract Yes No Explain: \_\_\_\_\_  
Refused to pay rent: Yes No Filed bankruptcy: Yes No Arrested: Yes No Convicted of any illegal drug activity: Yes No  
Convicted of a felony: Yes No Please Explain and provide jurisdiction: \_\_\_\_\_  
Do you own a: Waterbed Aquarium Boat Motorhome Motorcycle Dog Cat  
Other: \_\_\_\_\_  
Are you presently on any housing list: Yes No Explain: \_\_\_\_\_

CONSENT TO RELEASE OF INFORMATION: I understand there is a \$ \_\_\_\_\_ non-refundable screening fee, and that I acquire no rights to the rental unit until the rental contract is signed and I submit a holding fee in the amount of \$ \_\_\_\_\_. Upon approval of tenancy and the signing of a rental or apartment rental agreement or lease, this fee will be credited against my first month's rent. In consideration for landlord holding said rental at \_\_\_\_\_, I hereby waive all rights to the return of said holding fee and said holding fee shall be retained as liquidated damages in the event I do not choose to enter into the lease/rental agreement applied for herein. In the event said application for tenancy is not accepted, the holding fee shall be returned to applicant. **Applicant declares that all of the above statements are true and complete and hereby authorizes the release of information with regard to the applicant's residency, employment, financial institutions, public records including criminal convictions, liens, judgments, and references to Sound Screening Services. Applicant further authorizes the disclosure of this information to rental owner/agent. Applicant acknowledges that false or misrepresented information may constitute grounds for rejection of this application. Applicant agrees that this is a routine investigation of character, general reputation, and mode of living and shall not constitute an invasion of privacy.** Applicant has the right to dispute the accuracy of report content and is entitled to disclosure of the nature and scope of the investigation and/or a written summary of his or her rights under RCW 19.182 et seq., the WA Fair Credit Reporting Act. If tenancy is denied based on information provided by Sound Screening Services, Inc. applicant may contact Sound Screening Services, Inc. at P.O. Box 111088 Tacoma, WA 98411-1088. Sound Screening Services is not responsible for determining its client's rental decisions. You must consult with the landlord for an explanation of the criteria which may result in denial of your application. Initial: \_\_\_\_\_

**Per RCW 62A.3-515, NSF checks will be subject to a handling fee of up to \$40.00 or the face amount of the check. Additional fees and penalties will apply if NSF checks and handling fees are not paid within 15 days of postmarked notice.**

I have read and agreed to the provisions above. To the best of my knowledge all answers are true & correct. I understand that misleading or false information may result in denial of tenancy or possible eviction.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by property/owner representative.**

Management Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Bldg Name \_\_\_\_\_ Type: 1 BD 2 BD 3 BD 4 BD  
Type of ID Verified: Drivers' Lic State ID Military ID Soc Sec. Card Lease or Rental Agreement Move In Date: \_\_\_\_\_  
Co-Applicant Name/Co-signer for: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Marketing Source:      Brochure                              Drive By Sign                              Apartment Guide  
                                 Blue Book                                      For Rent                                      Yellow Pages  
                                 Internet Referral                              Current Resident Referral              Referred by Main Office  
                                 Welcome Center                              Manager                                      Friend  
                                 Newspaper \_\_\_\_\_                      Other: \_\_\_\_\_

Accepted By(Print): \_\_\_\_\_ Date: \_\_\_\_\_