

Please Complete Legibly
Rental Agent or Landlord

Full Report Express Report Credit Report Only Public Records Only

Client Name: _____ Property Name: _____

Phone #: _____ Fax #: _____ Email: _____ Move-in Date: _____

Unit #: _____ Rent \$: _____ Applying with Roommate or Cosigner Name: _____

Visual Proof of Identification Presented: Driver's License State ID SS Card Military ID Other _____

Accepted By (print legibly): _____ Date Received: ____/____/____ Time Received: _____ AM/PM

Applicant Information

Proof Application Carefully. Incomplete or Illegible Applications May Be Suspended or Result in Denial of Tenancy
 \$20 Re-Open Fee Required to Add Additional Information after Screening Report is Complete

Initial I acknowledge that (1) I have been notified in writing, or by posting, of the scope of information to be accessed to conduct a tenant screening and the landlord criteria that may result in denial of my application, as required by RCW 5 18.257 & SMC 14.08.050(A) and (2) that Sound Screening does not make rental decisions.

Last Name: _____ First: _____ MI: _____

SSN or ITIN: _____ DOB: ____/____/____ DL #: _____ State: _____

Contact Phone: _____ Additional Names Used: _____

Applicant Residential History

Current Address: _____ Previous Address: _____

City: _____ State: _____ Zip: _____ Apt #: _____ City: _____ State: _____ Zip: _____ Apt #: _____

Owner/Manager: _____ Owner/Manager: _____

Apartment Community: _____ Apartment Community: _____

Phone Number: _____ Monthly Payment \$: _____ Phone Number: _____ Monthly Payment \$: _____

Date From: ____/____/____ To: ____/____/____ Rent Own Date From: ____/____/____ To: ____/____/____ Rent Own

Have you given notice to your landlord? Yes No Reason for Moving: _____

Applicant Employment and Income

Current Employer: _____ Previous Employer: _____

Phone #: _____ Status: Full Part Temp Phone #: _____ Status: Full Part Temp

Address: _____ Address: _____

City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____

Position: _____ Monthly Salary \$: _____ Position: _____ Monthly Salary \$: _____

Start Date: ____/____/____ End Date: ____/____/____

Verifiable Income Source: _____ Amount \$: _____ Monthly Annually Verifiable Income Source: _____ Amount \$: _____ Monthly Annually

Applicant History

Has a landlord ever asked you to vacate? Yes Have you ever broken a rental contract or refused to pay rent? Yes Do you currently owe a rental debt? Yes
 If yes to any of the above please provide:

Housing Provider Name: _____ Address: _____ Phone #: _____

Have you ever filed bankruptcy? Yes Are you presently on any housing list? Yes Please explain: _____

Are you (or any other occupant) a smoker? Yes Do you have a waterbed or aquarium over 20 gallons? Yes Will pets reside in the unit? Yes If yes:

How many? _____ Type(s): _____ Breed(s): _____ Weight(s): _____ Can you provide proof of renter's insurance? Yes

Nearest Relative: _____ Phone Number: _____ Address: _____

Emergency Contact: _____ Phone Number: _____ Address: _____

Others to Occupy Rental List Full Names, DOBs:

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Initial Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of \$ _____ has been paid. Landlord has agreed to hold Unit# _____ for applicant while the screening process is conducted. If applicant is not accepted, the holding deposit will be refunded. If the applicant is accepted but chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

In compliance with state and federal consumer reporting law including the Fair Credit Act and RCW 59.18.257 (2), applicant acknowledges that a tenant screening will be conducted regarding the information contained in this application. **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 credit-worthiness, 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 or possible eviction. Applicant agrees that this is a routine investigation of character, general reputation, and mode of living and shall not constitute an invasion of privacy.** If applicant is denied or conditionally approved 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, 800-300-0138 and request a copy of the report. 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.

Applicant Signature: _____ **Print Name:** _____ **Date:** _____

