



- Applicant has received a copy of the HUD/EPA brochure: "Protect your Family from Lead in your Home".
- Applicant has signed & received a copy of "Disclosure of Information on Lead Based Paint and Lead Based Paint Hazard".
- Applicant has received a copy of the Rental Criteria for our property.

Sound Screening Services
(253) 472-7336
(253) 472-3150 Fax

- Co-signer for _____
- Married Co-Applicant 1 Applicant New Roomate
- Requires Amended Contract
- Application **MUST** be completed in order for application to be processed. Applying for 1 2 3 Studio House

Mgmt.Co. _____
 Property _____
 Manager's Phone # _____
 Bldg. _____ Apt. # _____ Rent _____
 Move-In Date _____ Invoice # _____

Contact Name _____
 Phone # _____
 Full Credit Public Records Only
 Quick Section 8 VASH
 The property owner does not accept Portable Screening Reports.

If there is a co-applicant, use a separate form.
 Property Management Company reserves the right to refuse to rent unless all questions are answered completely and honestly.
 I.D. verified Valid St. Driver's Lic. State I.D. Military I.D. S.S. Card

How did you hear about us? Current Resident Referral Person who referred? _____ Non-Resident Referral Person who referred? _____
 Another Dobler Management Apartment Community Employee Referral Preferred 3% Employer Discount Referral Craigslist
 Drop-In/Signs/Drive-by Apartment Community Website Dobler Management Company Website Automated Housing Referral Network (AHRN) Google Yelp
 ForRent Apartment Guide Apt.com Rent.com **THIS IS A SMOKE FREE COMMUNITY. Please ask for more information regarding our Smoke Free Status.**

IDENTIFICATION:

Applicant's Name _____ D.O.B. ____/____/____ S.S.N. _____
 Last First MI
 Cell Phone (____) _____ Daytime Phone (____) _____ Email Address _____
 Driver's License / ID#/ Passport _____ Driver's License/ID Address _____

Additional Names Used _____ Home Phone (____) _____
 Spouse's Name _____ D.O.B. ____/____/____ S.S.N. _____
 Last First MI

Others To Occupy Rental

Name _____ Relationship _____ D.O.B. ____/____/____	Name _____ Relationship _____ D.O.B. ____/____/____
Name _____ Relationship _____ D.O.B. ____/____/____	Name _____ Relationship _____ D.O.B. ____/____/____

RESIDENTIAL HISTORY:

List the last 4 years of rental history.

Current Address _____ APT# _____	Previous Address _____ APT# _____	Previous Address _____ APT# _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Apt. Community _____	Apt. Community _____	Apt. Community _____
Phone (____) _____	Phone (____) _____	Phone (____) _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own Dates: (mo/yr) From _____ To _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own Dates: (mo/yr) From _____ To _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own Dates: (mo/yr) From _____ To _____
Owner/Mgr. Name _____ Amt. \$ _____	Owner/Mgr. Name _____ Amt. \$ _____	Owner/Mgr. Name _____ Amt. \$ _____
Reason for Move _____	Reason for Move _____	Reason for Move _____

EMPLOYMENT HISTORY:

List the last 2 years of employment history.

Employer _____ Phone (____) _____	Address _____	Position _____
If Military: _____ Separation Date ____/____/____	Military Rank _____	Additional Income _____ Source(s) _____
Gross Mo. Salary _____ Hourly _____	Length (mo/yr) From _____ To _____	Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal <input type="checkbox"/>
Previous Employer _____ Phone (____) _____	Address _____	Position _____
Gross Mo. Salary _____ Hourly _____	Length (mo/yr) From _____ To _____	Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal <input type="checkbox"/>
If Military: _____ Separation Date ____/____/____	Military Rank _____	Additional Income _____ Source(s) _____

VEHICLES

Auto #1 _____ Color _____ License Plate _____ State _____ Auto #2 _____ Color _____ License Plate _____ State _____

REFERENCES

Local Acquaintance _____	Phone _____	Address or Email _____	City _____	State _____
Nearest Relative _____	Phone _____	Address or Email _____	City _____	State _____
Emergency Contact _____	Phone _____	Address or Email _____	City _____	State _____

Have you ever been: Evicted Yes Refused to Pay Rent Yes Broken a Lease Yes A Closed Bankruptcy Yes Pending Bankruptcy Yes An Civil Judgments? Yes If yes, provide the name, address and phone number of the Apartment Community and year _____

Have you ever been: Convicted of illegal drug activity Yes Convicted of a Misdemeanor Yes Convicted of a Felony Yes If yes, provide the State, County, and Year of the conviction/incident and explain _____

Is applicant or member of household subject to register under a State or Federal Sex Offender Registrar Act? Yes

Do you or anyone else in your household smoke any kind of tobacco, tobacco products, cigar, marijuana or clove vaper or e-cigarettes or illegal substance? Yes

ADDITIONAL INFORMATION: Do you own a: Satellite Dish Aquarium Boat Motorhome Trailer Motorcycle

Does Applicant have a pet? No Yes What kind of pet? Cat Dog Breed of dog _____ Other If other, what kind of animal _____
 If yes, you will need to complete a Pet Agreement and have it approved prior to receiving the keys. Does Applicant have a Service Animal No Yes Cat Dog Breed of dog _____ Other If other, what kind of animal _____? If yes, a Service Animal Request must be completed and submitted with a Medical Provider Letter. Once it is approved, you will need to sign a Service Animal Agreement before you receive the keys. **Move-In Special:** A move-in special or \$_____ was offered. No move-in special offered I understand I have the right to refuse the move-in special. I also acknowledge by signing a rental contract with a move-in special discount or concession, should I fail not to fulfill the contract obligation for any reason the move-in special, discount or concessions must be repaid. Move-in special refused. Are you or your spouse presently on any housing list? (Such as a Military Housing or Section 8 Waiting List) Yes If yes, which one _____ I/we understand there is a \$_____ non-refundable screening fee, and that I/we acquire no rights to the apartment until a holding fee submitted in the amount of \$_____ is paid and the rental contract is signed. The holding fee will only hold the rental for ten (10) days and is deducted from the rent (cash is not accepted), I hereby waive all rights to the return of the holding fee. The holding fee shall be retained as liquidated damages in the event the applicant does not choose to enter into the rental contract applied for herein. In the event the application for tenancy is denied, the holding fee shall be returned to the undersigned applicant. **If paid by check, a copy of the cancelled check is required before the holding fee can be refunded.** It takes ten (10) working days for a holding fee refund, once it is received in the Dobler Management Company office. A \$40 fee will be applied if the check is requested to be reissued due to being lost in the mail, misplaced, damaged or otherwise render useless. Renter's insurance for personal property and liability coverage, including coverage for damages, including damages which arise from the use of electrical appliances and/or fire caused by the applicant or applicant's guests. Minimum coverage limits for destruction to property and bodily injury shall be \$50,000.00. **Applicant(s) represent that all of the above statements are true and complete and authorizes the release of information with regard to residency, employment, financial institutions, public records including criminal convictions, liens, judgments, and references to Sound Screening Services. Applicant(s) further authorize the disclosure of this information to the apartment community and acknowledges that false or misrepresented information may constitute grounds for rejection of this application. Applicant(s) agrees that this is a routine investigation of character, general reputation, and mode of living shall not constitute an invasion of privacy.** If this application is denied based on information provided by Sound Screening Services, Applicant may contact Sound Screening Services at P.O. Box 111088 Tacoma, WA 98411-1088. 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 WA Fair Credit Reporting Act. If you seek to review your credit report or other such information, you should contact Sound Screening Services directly. Sound Screening Services is not responsible for determining rental decisions. Applicant(s) has read and agreed to the provisions above. By signing below, you indicate you have received your copy of this application. To the best of my knowledge all answers are true and correct. Applicant(s) understands that misleading or false information may result in denial of tenancy or possible eviction. **Per RCW 621.3-515, NSF or Returned checks will be subject to a handling fee of \$40.00. Additional fees and penalties will apply, if NSF checks and handling fees are not paid within 15 days of postmarked notice.** Only money orders, personal checks or cashier's check or on-line payments, may be accepted. Make payments payable only to the name of the apartment community. Do not leave money orders or checks blank. Applicant should never give a check or money to office personnel without first writing down the name of the apartment community on the check or money order. The rental office personnel do not have a stamp for this. Should there be any further disputes regarding on-line credit card, debit card and/or E-check payments, the applicant will still be held responsible for any amount owed and if necessary the debt will be assigned to a debt recovery company for future collection. In addition, any fraud or illegal use of a credit card, debit card or money order, or personal check will result in prosecution of the full extent of the law. In deciding whether to accept an applicant, who has been convicted of a misdemeanor or felony crime against a person or property, the following factors will be considered: the nature of and seriousness of the crime; the date of the conviction; the probationary period, if any; and court-required classes and compliance items, such as monetary judgments and victim restitution. **We do not automatically exclude applicants based on criminal history. Any criminal history will be evaluated in consideration of when the crime occurred, what the underlying conduct entailed, and/or what the applicant has done since the conviction(s).**

Applicant's Signature _____ Date ____/____/____ An incomplete or Inaccurate application will result in a delay of

Cosigner's Signature _____ Date ____/____/____ processing. **A copy MUST** be provided to applicant

Accepted By (Print) _____ Date ____/____/____ **No cash accepted**