



RESIDENT SCREENING SERVICES

Rental office must complete prior to processing:

Bldg. Name _____ Bldg. # _____

Bldg. Application # _____ Accepted By _____

Method of Payment _____ Check # _____

Apt. # _____ Rent \$ _____ ID Verified Yes No

Move-In Date _____ Concession \$ _____

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

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 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 Corporate Application

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 _____

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

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: (mo/yr) To: _____ Payment to: _____ Amount \$ _____

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

Owner/Mgr. (Contact) _____ Mgr. Phone Number _____ From: (mo/yr) To: _____ Payment to: _____ Amount \$ _____

EMPLOYMENT INFORMATION

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

Address _____ City _____ State _____ Zip _____ From: (mo/yr) To: _____ Monthly Salary \$ _____

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

Address _____ City _____ State _____ Zip _____ From: (mo/yr) To: _____ Monthly Salary \$ _____

Additional Income _____ Source(s) _____

CREDIT INFORMATION

Auto #1 (Color, Make, & Model)	License Plate #	State	Car Payment Made To:	Monthly Payment \$
Auto # 2 (Color, Make, & 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, character 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 WA 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. 1/07)

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



RESIDENT SCREENING SERVICES

PHONE (425) 275-5360 FAX (425) 776-8217

Resident Screening Services Disclosure Form

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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