



Real Property Associates, Inc.

8001 - 14th Ave. NE • Seattle, WA 98115
Call: 206/523-0300 • Fax: 206/523-0315

Tenant Screening By: **Alliance** 2020
insight is better than hindsight
Telephone (425) 271-8065 Fax (425) 227-9246
1-800-289-8065 1-800-289-9246

Co-Signer Application

WHO ARE YOU COSIGNING FOR?:	PROPERTY ADDRESS (if different from above):	MOVE IN DATE:
-----------------------------	---	---------------

CREDIT/DEBIT CARD PAYMENT FOR THIS CO-SIGNER REPORT (THE COST OF THIS REPORT IS NON-REFUNDABLE)

I authorize Alliance 2020 to charge my MC Visa for the \$ _____ cost of this report. Card No. _____
 Exp. 3 Digit. Billing Full Name On Cardholder
 Date ___ CVS Code ___ Zip Code ___ Credit Card _____ Signature _____

VISUAL PROOF OF DRIVER'S LICENSE/OR STATE ID PROVIDED: YES NO

CO-SIGNER INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial.

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SOCIAL SEC. #:	DATE OF BIRTH:
DRIVER'S LICENSE #:	ISSUED FROM WHICH STATE?:	DRIVER'S LICENSE EXPIRATION DATE:	CELL PHONE:	E-MAIL:
ADDRESS SHOWN ON DRIVER'S LICENSE:	CITY:	STATE:	ZIP CODE:	

CO-SIGNER RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial.

PRESENT ADDRESS: _____ APT #: _____ CITY: _____ STATE _____ ZIP: _____
 DO YOU ... OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER _____
 YOUR AREA CODE + PHONE #: _____ MONTHLY PAYMENT AMT: \$ _____ HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? FROM: _____ DATES: _____ TO: _____
 CURRENT APT/MORTGAGE OR LANDLORD NAME: _____ CITY: _____ STATE: _____ DAYTIME LANDLORD PHONE #: _____ EVENING LANDLORD PHONE #: _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS:	APT #:	CITY:	STATE	ZIP:
-------------------	--------	-------	-------	------

DID YOU ... OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER _____
 PERVIOUS APT/MORTGAGE OR LANDLORD NAME: _____ PREVIOUS LANDLORD PHONE #: _____ MONTHLY PAYMENT AMT: \$ _____ HOW LONG AT YOUR PREVIOUS ADDRESS? FROM: _____ DATES: _____ TO: _____

REASON FOR MOVING: _____

CO-SIGNER EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

CURRENT EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
POSITION	SUPERVISOR'S NAME:	MONTHLY SALARY: \$	EMPLOYMENT DATES: FROM: TO:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED
ADDITIONAL EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
POSITION	SUPERVISOR'S NAME:	MONTHLY SALARY:	EMPLOYMENT DATES: FROM: TO:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED

CO-SIGNER DISCLOSURE, RELEASE AND CONSENT *COST OF THIS REPORT (NON-REFUNDABLE) **\$15**

I/we understand I/we acquire no rights in an apartment or subject property until I/we sign this agreement and submit a deposit (holding fee)** in the amount of indicated above. Upon approval of this and the signing of a rental agreement, this fee will be credited against my/our deposit and/or my/our first month's rent in consideration for landlord holding said apartment or subject property at _____.

I/we hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I/we do not choose to enter into the agreement applied for herein; in the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by Alliance 2020 of the information you provided on this Application, together with information as to your character, general reputation, personal characteristics, and mode of living. This information is provided to the landlord based upon your written request. 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 Fair Credit Reporting Act. Direct all inquires to Alliance 2020, P.O. Box 4248, Renton, WA 98057.

I/we certify that to the best of my/our knowledge all statements made herein are true and correct. I/we authorize Alliance 2020 to obtain such credit reports, character reports, verification of rental and employment history as it deems is necessary to verify all information set forth in the above Application, and provide an investigative report to the undersigned landlord. I/we further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Signed _____ Signed _____ Dated _____
 Landlord Landlord Landlord