

Real Property Associates Inc.

Tenant Screening By: **Alliance 2020** Telephone (425) 271-8065 Fax (425) 227-9246
REA300 1-800-289-8065 1-800-289-9246

7500 Roosevelt Way NE Seattle WA 98115

Application Fee: \$42 Per Person

LEASE MONTH TO MONTH

Phone: 206-523-0300 Fax: 206-523-0315

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

UNIT #:

RENTAL PAYMENT:

MANAGER /RENTAL AGENT NAME:

PROPERTY ADDRESS (if different from above):

MOVE IN DATE:

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

I authorize Alliance 2020 to charge my MC Visa for the \$42 cost of this report. Card No. _____

Exp. 3 Digit. Date ____ CVS Code ____

Billing Zip Code ____

Full Name On Credit Card ____

Cardholder Signature _____

APPLICANT 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: _____

APPLICANT 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 _____

PREVIOUS APT/MORTGAGE OR LANDLORD NAME: _____ PREVIOUS LANDLORD PHONE #: _____ MONTHLY PAYMENT AMT: \$ _____ HOW LONG AT YOUR PREVIOUS ADDRESS? FROM: _____ DATES: _____ TO: _____

REASON FOR MOVING: _____ CITY: _____ STATE: _____

APPLICANT'S 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: _____ FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

PREVIOUS/ADDITIONAL EMPLOYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ AREA CODE + PHONE #: _____

POSITION: _____ SUPERVISOR'S NAME: _____ MONTHLY SALARY: \$ _____ EMPLOYMENT DATES: FROM: _____ TO: _____ FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

LIST ALL OTHER PROPOSED OCCUPANTS. LANDLORD MAY REQUIRE A SEPARATE SCREENING REPORT FOR EACH OCCUPANT 18 AND OLDER.

NAME: _____ AGE: _____ RELATIONSHIP: _____ NAME: _____ AGE: _____ RELATIONSHIP: _____

CAR MAKE: _____ YEAR: _____ MODEL: _____ LICENSE #: _____ CAR MAKE: _____ YEAR: _____ MODEL: _____ LICENSE #: _____

NAME OF NEAREST RELATIVE: _____ RELATIONSHIP: _____ ADDRESS: _____ CITY: _____ STATE: _____ AREA CODE + PHONE #: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ ADDRESS: _____ CITY: _____ STATE: _____ AREA CODE + PHONE #: _____

ADDITIONAL INCOME: APPLICANT \$ _____ SOURCE: _____ ADDITIONAL INCOME: SPOUSE \$ _____ SOURCE: _____

WILL YOU HAVE PETS LIVING IN THE UNIT? YES NO IF YES, LIST PET TYPES: _____ DO YOU HAVE RENTER'S INSURANCE? YES NO DO YOU OR ANY OF THE PROPOSED RESIDENTS SMOKE? YES NO

HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY? YES NO IF YES, NAME OF APT/LANDLORD: _____ CITY: _____ STATE: _____ ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER? YES NO

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO IF YES, TYPE OF OFFENSE: _____ COUNTY: _____ STATE: _____

APPLICANT'S DISCLOSURE, RELEASE AND CONSENT **Deposit** **AMT. OF DEPOSIT FOR UNIT/PROPERTY \$ _____

I understand I acquire no rights in an apartment or subject property until I 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 deposit and/or my first month's rent in consideration for landlord holding said apartment or subject property at _____.

I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I 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 inquiries to Alliance 2020, P.O. Box 4248, Renton, WA 98057.

I certify that to the best of my knowledge all statements made herein are true and correct. I authorize Alliance 2020 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, and provide an investigative report to the undersigned landlord. I further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Signed _____ Date _____ Signed _____ Date _____

Applicant _____ Landlord/Property Manager _____ Equal Housing Opportunity

